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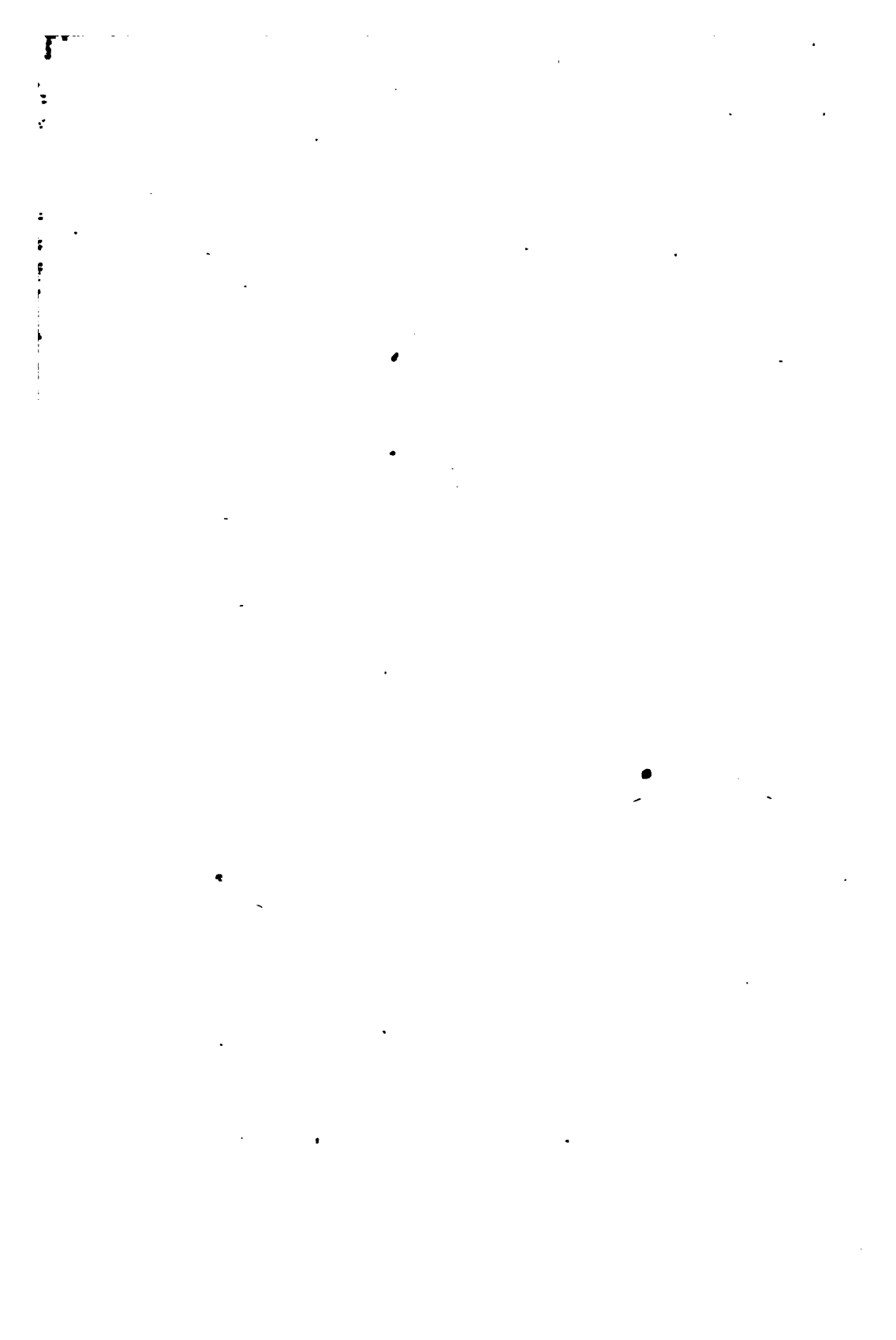
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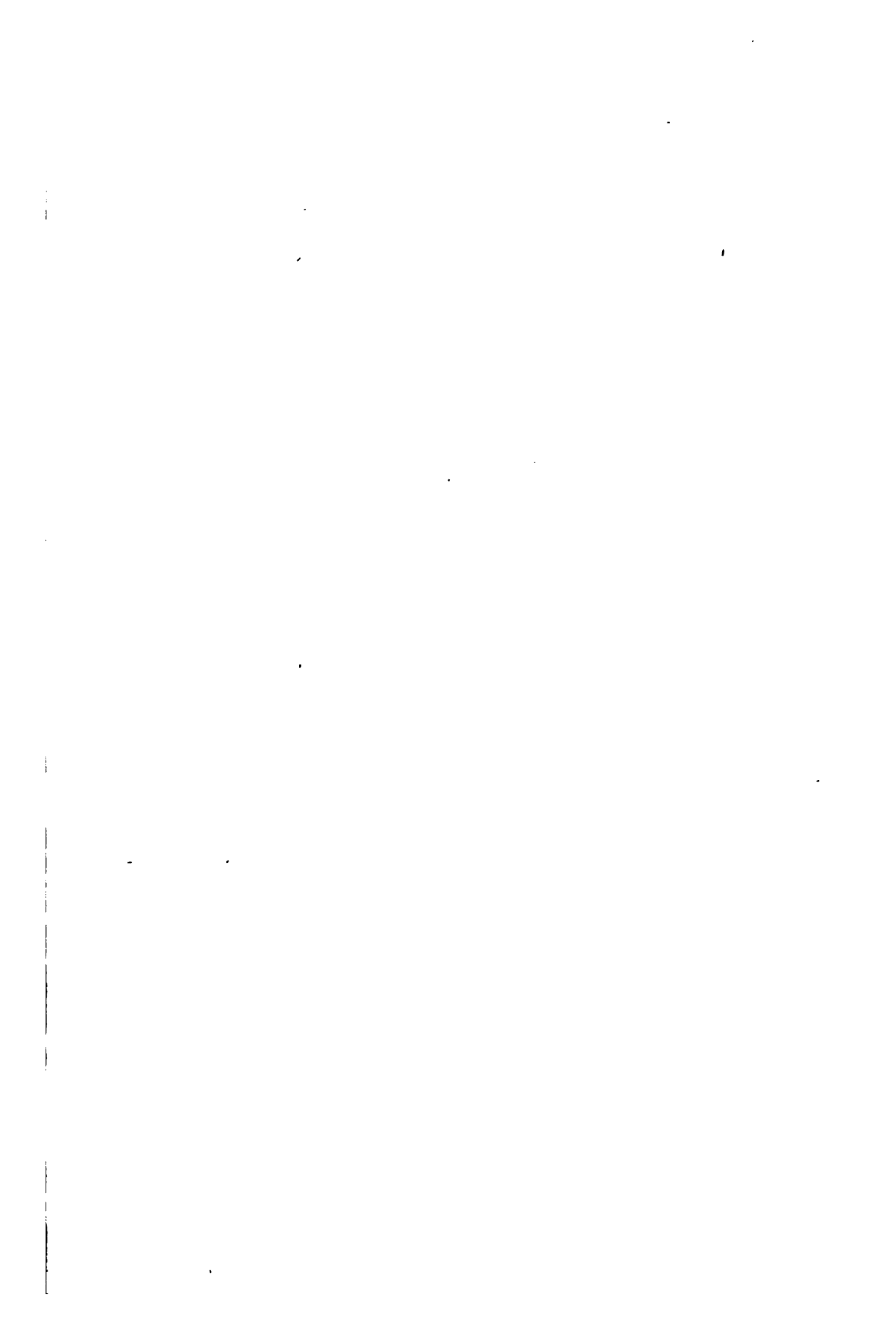
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THE
American Medical Journal,
SAINT LOUIS.



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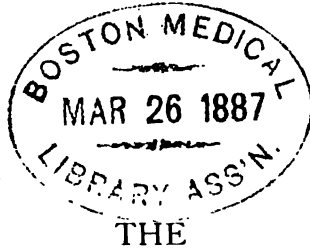
VOL. XIV., 1886.

ST. LOUIS, MO.:

Commercial Printing Company, 200 and 202 S. Fourth Street, cor. Elm.
1886.

CATALOGUED,
E. H. B.

3/24/52



AMERICAN MEDICAL JOURNAL.

VOL. XIV.

JANUARY, 1886.

No. I.

ORIGINAL COMMUNICATIONS.

ART. I. — Oöphorectomy. — BY HENRY F. BEAM, M. D., JOHNSTOWN, PA.

Extirpation of normal ovaries, which has received the name of Battey's operation, or that of normal ovariectomy, is now one of the legitimate operations in gynecological surgery. It has been performed so often during the past few years that there is scarcely any doubt as to the possibility of terminating it successfully, and of saving the greater number of patients. In 1863 Koeberle performed this operation, but until 1872 no gynecologist had proposed extraction of apparently healthy ovaries for the purpose of modifying disorders of innervation, the starting point of which seemed to be in the organs themselves. In this year Battey performed what he calls normal ovariectomy, "with the object of producing an artificial change in the conditions of existence, and of suppressing maladies which may depend on them, such as neuralgia, dysmenorrhoea, hysteria and mental derangement." The indications for the operation, as laid down by Dr. Battey, are "absence of the uterus and serious permanent disorders caused by the presence of the ovaries; obliteration of the uterus and vagina beyond the possibility of restoration; the exceptional gravity of nervous, hysteriform and epileptiform disorders, depending on an ovarian affection, and resisting all ordinary means of treatment; mental and physical sufferings produced by congestion of the ovaries which have resisted all treatment." Another

indication, and one which the surgeon is more frequently called upon to relieve than any of those enumerated, except, possibly, myomata, is uncontrollable metrorrhagia. In such cases the results of the operation are highly gratifying, provided the proceeding is conducted in a skillful manner. In performing this operation for the subsequent obliteration of uterine myomata, the object sought is to diminish the growth by taking from it the means of existence, by suppression of erection and of the monthly ovarian congestion. The history of the operation fully justifies us in believing that such is the case.

Goodell probably performs this operation more frequently than any other surgeon. He proceeds as follows: The vagina is depressed by a Sim's speculum, while a fold of the mucous membrane is seized by a tenaculum behind the cervix. An incision, one and a half inches, is made there with a pair of scissors; the peritoneum is then divided, and the index finger of the left hand being introduced, it follows the course of the Fallopian tube, hooks the two ovaries successively, seizes them with a pair of fenestrated forceps, and brings them into the vagina, where they are ligatured and excised. The pedicles are firmly ligatured with antiseptic silk, and replaced in the peritoneal cavity. No suture is placed in the vaginal wound. I cannot understand why he prefers the vaginal method, as the operation, serious as it is by the abdomen, is still more so by the vagina, on account of the adhesions and variations in the size and positions of the ovaries, which have always suffered from inflammatory or other maladies when operation is indicated, and which are therefore far from being in the favorable conditions in which the same organs are when they have never been diseased. I have encountered ovaries in which congestion and adhesion was so great that it would be almost impossible, at least impracticable, to pursue the vaginal method, unless the broad ligaments were freely incised to admit of their being placed upon the greatest possible stretch.

In April last I was called to a case of labor, and found the patient in great pain. An examination revealed an undilated os, and during a paroxysm of pain a peculiar *twisting* movement of the uterus was plainly felt. The pains were not of an expulsive character, and were confined principally to the left side. The presentation could not be accurately distinguished. There was considerable hemor-

rhage occasionally. This, the patient said, was of monthly occurrence; and sometimes, especially during the past four months, it became so alarming that she had taken medicine to prevent miscarriage. I administered an anodyne, and returned home. Next morning I called, and found her resting comparatively easy. During the night the hemorrhage had decreased considerably, and now the discharge had assumed a more regular character. I began to suspect a uterine trouble, and informed the patient that in a few days I would call and ascertain the true character of her trouble. In about a week she called at my office, the engagement to call in a few days having escaped my memory. A thorough examination was made, resulting in the discovery of a large interstitial fibroid. Resolvent remedies were prescribed internally, and applications of compound tincture of iodine made to the uterus. Two months' medication made but little impression upon the growth, and the hemorrhage recurred with each catamenial period. The tumor was then injected with fluid extract of ergot, and compound tincture of iodine administered internally. After the third injection, which was administered on the ninth day after the July catamenial period, the patient was seized by severe rigors and was in a precarious condition. She recovered from this temporary embarrassment, and I decided to make no more applications or injections. Oöphorectomy was proposed, and reluctantly consented to, but no time would be appointed for the operation.

Matters continued thus until the 5th of the present month (November, 1885), when the following day was appointed for the operation. At 2 o'clock the patient was given a bumper of brandy, and then placed upon an operating table in her bed-room, and chloroform administered. While the anæsthetic was being applied, I placed the instruments and sponges in a copper pan two-thirds full of antiseptic fluid, heated by a spirit lamp underneath; sponged the abdomen well with castile soap and warm water, and afterwards with brandy, and secured the limbs by passing a light quilt over them and fastening it underneath the table. Desiring to remove both ovaries, an incision five inches in length was made in the median line, beginning at the umbilicus. Upon reaching the peritoneum, through a mass of adipose tissue two inches in depth, a small artery was severed at the umbilicus, and spurted forth con-

siderable blood. This was picked up and given a twist with tissue forceps, when the bleeding ceased. Carefully sponging away all blood with antiseptic sponges, the peritoneum was incised to correspond with the superficial opening, and my left hand thrust into the abdominal cavity. Grasping the left ovary a violent attack of vomiting began, and continued until I released my hold, the patient in the meantime having been turned on the right side. Upon examination, I found the ovary but slightly congested, but the broad ligament was very much shortened, thickened and highly congested. Ligating the utero-ovarian ligament, the ovarian artery, and the ligamentous cord attaching the ovary to the fimbriated extremity of the Fallopian tube, the left ovary was removed. A piece of fine white flannel, wrung out of the hot aseptic fluid, received the few drops of blood which oozed out after the cutting. The pedicles were taken up and touched with tincture of iron, and dropped into the abdominal cavity. The right ovary was treated in the same manner as the left.

The incision was closed with six sutures of silver wire, which included the peritoneum, the wound dressed with a pad saturated in the mercuric bi-chloride solution, a flannel bandage pinned snugly over all, and the patient placed in bed. The operation lasted two hours. At 9 P. M. I called, and found the patient's clothing saturated with blood. The nurse said that upon fully regaining consciousness she tossed considerably in bed, and at one time endeavored to tear away the dressings. An examination convinced me that the hemorrhage came from that apparently trifling artery at the umbilicus, referred to above, and that perhaps a compress would check it. I applied one, and in a moment the blood ceased to flow. Next day the dressings were removed, when there arose a nasty cadaveric odor, and the edges of the wound exhibited a vicious appearance. This I attributed to the inefficiency of the antiseptic, and I determined to try another. My attention had recently been called to a new preparation, composed of boracic acid, chlorate of potassium, thymol, menthol, chloride of sodium, gaultheria, and called "Ominico." Cleansing the wound, I saturated a napkin with this preparation, and applied the dressings, same as before. On the following day I removed this dressing, and found the parts looking nicely; and although a coagulum had formed beneath the sutures, causing an elevation as large as a hen's egg,

there was no unpleasant odor. The coagulum caused the edges of the wound to separate at the lower suture, and cutting the wires with a pair of scissors, I turned out the clot, cleansed the cavity thoroughly with Ominico, and replaced the suture. The wound united nicely, and to-day, two weeks after the operation, the patient is recovering as rapidly as anyone could desire.

ART. II.—A Singular Case.—By D. V. MOTT, M. D.

Was called to see Mrs. W., æt. 32; had been married about one year. Messenger said she was to be confined. The husband had talked to me about the case before; as he expected she would have a hard time, on account of her age—being an old maid when married. When I got there, the pains were about ten minutes apart, but were sharp and cutting (preparatory pains), and the lady had gone to bed. I waited a few minutes and then thought I would make an examination, but to my astonishment found an obstruction in the vagina. I thought at first it was the sack of waters, but soon discovered it was not. I then waited for a few minutes and thought the matter over as to what it could be. (The pains had no effect upon it whatever.) I could easily push it back the length of my finger, but it would immediately follow my finger back again; therefore I could not find the os. I kept on until I found a small opening not larger than a small pea, up next to the meatus urinarius. I soon discovered it to be the hymen, and explained it to them. I could not tear it with my finger, so it had to be cut. I then took a small tenaculum and pushed it through the opening and drew the parts out as far as I could, and with a bistoury cut clear through from before, backwards. I then introduced my finger, and could easily find the os. It was dilated to about the size of a half dollar. After a tedious labor the lady was delivered of a ten pound boy, and got up nicely. Then the question arose in my mind, how did this lady become pregnant? I asked the husband about it, and he said he had tried to keep from it, by withdrawing the penis. Well that explained the matter clearly to me. When he was about to withdraw the penis, he was not quite quick enough, and some of the semen had shot through this small opening. They suspected something was wrong, and said they had thought of consulting some one about it, but never had. I write this because it was interesting, to me at least.

ART. III.—Veratrum in Typhoid Fever.—BY M. M. HAMLIN, M.D.

Almost every practicing physician knows the great and never failing effects of the fl. ex. veratr. vir. in all acute inflammations, where there is a full and bounding pulse, flushed face, etc., with high temperature; also a great many physicians prize it highly in the treatment of certain forms of erysipelas, etc.

But I wish to speak of its effects in typhoid fever with a high temperature, a dry skin, sordes on teeth and a dry parched tongue, with pulse frequent and feeble. (Now I am aware that some one will say that something else would have succeeded better, and that the plan of treatment I shall here lay down, is not simon pure Eclecticism; but I care not what is said if my treatment succeeds; it is when the treatment fails that criticism hurts.) In seven cases treated I used the fl. ex. veratrum vir. in sufficiently large doses to hold the temperature down to 103° , beginning its use as soon as the fever reached that point, and continued its use until the temperature in the morning come down to $98\frac{1}{2}^{\circ}$, let that be two, three or even five weeks, giving it as follows: *R.* fl. ex. veratr. vir., fl. ʒij ; simple syr. squill, fl. ʒvj . *M. S.* Begin with nine drops every three hours, and increase one drop every dose until the fever is controlled and held below 104° . I have administered as high as twenty-one and twenty-two drops every three hours for a whole day and night. As soon as the least moisture appears on the skin, or the temperature starts down, I decrease the dose of veratrum at the rate of three drops at a dose. Of course I leave a thermometer at the house, and have the temperature taken before each dose while giving the large doses.

Alternated with the above, I always give five to seven drops of turpentine (the oil) in mucilage of acacia every three hours. Also, a flannel cloth wrung out of a mixture of spts. turpentine and mutton lard, equal parts, is kept constantly on the bowels until the skin becomes reddened. Then this is left off a few days, and reapplied if tympanitis continues.

Nourishment.—Sweet milk, alone, generally is given just before or just after the turpentine emulsion, every three hours, with as much regularity as the veratrum, and as much as the patient will take, too—the more the better.

Never let a typhoid patient remain in one position too long, but have him turned—not turn himself—from one side to the other every

three hours. This last refers only to patients who linger, and by lying too long on one side or the back causes congestion of the lungs.

In a practice of nearly five years in this county (Franklin), I have treated twenty-three cases of typhoid fever, with a loss of only one case—treated with quinine—and the plan above indicated is the one that has given the best results. Fever usually begins to decline about the fifteenth, or anyhow the twenty-first, day. In the above plan I have never been troubled with hemorrhage, strangury—as in cases where blisters were used—and very little trouble has arisen from diarrhoea. Patients sleep well generally, and make a rapid recovery.

One case treated as above indicated—except the local application—was a lady five and a half months pregnant, as she then declared, and as was after proven to be so by the birth of a fine rolb. boy at the time designated by the mother, whose fever on the morning of the sixteenth day was one full degree lower than the previous morning, and continued to decline at that rate until clear of fever, when recovery followed.

This is now the treatment that I pursue. Under it the weak pulse becomes strong, slow, and soft; the dry, rough skin becomes soft and pliant; in fact is all that could be desired; but understand, I am not an enthusiast, and should this treatment fail would not hesitate to try another. There are other conditions for which I use veratrum, of which I may say something sometime in the near future; provided, however, that this escapes the editor's waste basket.

ART. IV.—Do Impressions Made on the Mother Affect the Unborn Child ?—By C. W. BAKER, M. D.

This subject has been talked of a great deal by medical men, and we find some of the most learned that seem to doubt whether any impression made on the mother when she is *enciente* will affect the unborn child, but the old ladies don't doubt it. In every neighborhood you can hear stories that sound sensational.

In this neighborhood a very respectable lady tells of her sister stepping on a coon hide that the children had sloughed, and she gave birth to a child that looked like a coon.

I have just had a case that strengthened my hitherto weak faith in such impressions affecting the unborn. On the night of November

27th, I was called to attend Mrs. B., age 30, the mother of four strong, healthy children; in half an hour after I arrived at the house, I succeeded in delivering her of a female child, weighing eleven pounds, that had a head that very much resembled a snake's head; all of the head above the eyes and ears was wanting, also the back of the head; what little brain there was, was not covered with cranium on top or at the back part.

Its motions resembled those of a serpent; whenever it was touched it would squirm and dart out its head so it was impossible to feed it; then the noise it made resembled the hissing of a snake more than the crying of a baby, and was so shocking to those that heard it that they kept it covered as tight as possible in bed. It died in forty-eight hours.

Mrs. B. was called sometime in May last by a neighbor woman to help kill a snake; it was over six feet long and so vicious that the women had to call the men to help them. Mrs. B. was nearly prostrated with fright.

The practical part of this is, that women should keep away from scenes that are not pleasant, when they are pregnant; and can they not have some influence in shaping the destiny of the child, by cultivating such thoughts and actions while pregnant as they would admire in the child?

It is a fact of history that while Napoleon was in the embriotic state, his mother took her dead husband's place at the cannon in defending their little island. Is it strange he was such a warrior?

ART. V.—Tumors.—Treatment of Declat's Pure Phenic Acid.—

By F. GRAY BLINN, M. D., LANSING, MICHIGAN.

CASE I.—A. S.; widow; age 65; affected with glandular enlargements in the neck. The submaxillary glands were the seat of the disease and were in size and texture as large and hard as a good sized green apple. My treatment was subcutaneous injection of Declat's hypodermic solution of pure nascent phenic acid.

I gave twenty injections of 80 minims alternately in the tumors themselves and in the abdominal cellular tissue. After the first ten injections had been administered the tumors began to soften and had diminished in size about one-eighth of their bulk. At the twentieth injection the reduction in size was one-quarter. At that time the

lady was called home to the South on account of the fatal sickness of a relative. She was so elated at the results attained that she expressed her determination to go on with the treatment at her home in Louisiana. I advised her to take Declat's syrup of iodo phenique in teaspoonful doses as an alterative.

CASE II.—About the first of May last I was called in haste to see a married lady, age 26, supposed to be suffering with diphtheria. On examination I found high fever; eyes injected and of a yellowish hue; sharp pains at the base of the brain, with great restlessness and a feeling "as if the neck would break short off," as the lady expressed it; also considerable acute inflammation in and about the ovaries, with intense sharp pains darting down the thighs; tonsillitis of a mild character, with a superficial ulcer on the left tonsil. The usual remedies were administered and hot flaxseed poultices applied to abdomen and back, which afforded relief.

At a subsequent visit I acquired a history of the case, which was as follows, viz.: Six years previously she had an attack of peritonitis, shortly after the birth of her first child (she having had two miscarriages subsequently, one of six months, the other of three months development). After recovery from this attack and up to the present time there has been tenderness on pressure of the entire abdominal surface. She has also experienced at the menstrual period a series of epileptiform spasms, recurring periodically and generally accompanied with some such symptoms (minus the tonsillitis) as she had just been afflicted with. She had noticed at times a difficulty in urinating with occasional sharp pains darting through the bladder. In fact there have been times when she was unable to pass water from twenty-four to forty-eight hours at a time. All kinds of medical treatment had been submitted to, but without material benefit. Two years ago she observed a tumor about the size of a hen's egg in the right ovarian region, which showed itself occasionally, but could be felt most of the time when she was sitting in her chair. Some physicians had diagnosed a fibroid of the broad ligament; others a right ovarian tumor. One medical attendant diagnosed an abscess of the liver, which he was anxious to open, but to which she declined to submit.

I gave the lady one subcutaneous injection daily of 80 minims of Declat's hypodermic solution of pure nascent phenic acid, and

up to date have given twenty in all, with the following result: total disappearance of spasms; a gradual diminution in size of the right ovary; and she informs me that she begins to feel as she did when a school girl, some fifteen years ago. Last summer she kept her bed for five months, and now she does some housework, sews, and takes a short walk each day.

I have used, in connection with the subcutaneous injections, and besides the usual remedies indicated, Dr. Schussler's inorganic tissue cell salts, with good results in subduing local symptoms. For retention of urine I advised warm baths, hot fomentations over kidneys, together with warm injections of Declat's glyco phenique, diluted with water, per rectum, with beneficial results.

The above are two, of many cases, which I have treated by the antiseptic or Declat method, and which, in my hands, has produced brilliant results in disorganizing abnormal growths, subduing congestion, inflammation and tendencies towards septic poisoning.

The essential for success is a pure phenic acid, which crystallizes always in long needles, and never in masses as sold in the drug stores. It is not the phenic acid which produces poisoning; it is the impurities combined with it that renders it dangerous. Who would dare to administer forty grains of the phenic acid found on the shelves of drug stores? And yet Declat's pure nascent phenic acid has been and can be given in heroic doses without fear. The late Dr. N. F. Cooke took, by mistake, twenty-four grains of Declat's pure phenic acid at one dose, without any untoward result, using only large draughts of water to dilute the acid in the stomach. In Bellevue Hospital, and in the practice of Dr. J. Robie Wood, forty grains have been given, in divided doses, during the twenty-four hours, with beneficial results.

Since preparing the above clinical record for publication, I have had a case of abortion under treatment, which will doubtless prove of interest to the profession. The abortion had been induced by the use of the uterine sound in the hands of the lady herself, together with teaspoonful doses of *gossypii radices corticis*. When called I found the patient flowing profusely, with small, weak pulse, flushed cheeks and a debilitated condition. I administered *secale cornutum* and the usual adjuvants, but to no purpose. I tried packing the vagina with ice, which nearly terminated fatally, throwing the patient

into spasms. I had part of a bottle of Declat's hypodermic solution of pure nascent phenic acid, and a bottle of Declat's syrup of the same, in my satchel, and under the impulse of the moment gave two subcutaneous injections in the abdomen, of 80 minims each, of the injecting solution, and teaspoonful doses of the syrup internally. I also injected 40 minims into the uterus, by means of a uterine syringe. The result was phenomenal, to say the least; beyond a few twitchings of the muscles there were no bad symptoms, and it is needless to say the hemorrhage was controlled and the lady convalesced rapidly.

Nov. 15, 1885.—I have permission to publish the name of the lady, who is now entirely cured of the ovarian difficulty. It is Mrs. John Rork, of North Lansing, Michigan.

ABSTRACTS.

Electricity as a Therapeutical Agent in Gynecology.—By PAUL F. MUNDÉ, M. D., in *Amer. Jour. Obstetrics*, Dec., 1885.

The value of electricity in the treatment of certain pathological conditions peculiar to parturition, and of some of the chronic affections of the female sexual organs, has been recognized for some years, and is superficially referred to in some of the older, and all recent, text-books on obstetrics and gynecology. From time to time, also, the medical press has brought articles extolling the value of the remedy for one particular purpose or the other.

Thus, in obstetrics, it has been chiefly the faradic current which has been found useful as a substitute for ergot and other oxytocic measures in averting and controlling post-partum hemorrhage, and securing a firm permanent contraction of the uterine muscular fibres. Simpson, Barnes, Playfair, Kilner, of England; Alexander Murray, of New York; St. Germain and Apostoli, of Paris, and numerous others of more or less experience, have recommended it for this purpose.

Some authors, either specialists in electrology or enthusiastic general practitioners, have endeavored to extend the utility of the agent to the whole period of labor, and have claimed for it, not only the

effect of alleviating the pain of the normal uterine contractions, but also the power of regulating and increasing those contractions at will, thus soothing while expediting the delivery of the child.

Such effects are claimed for the faradic current by Dr. Wm. T. Baird, of Albany, Texas, in a series of elaborate articles recently published in the *Journal of Obstetrics*, and are substantiated by the reports of numerous cases. Heinrich Bayer, in a recent article, reports six cases of the induction of premature labor by the galvanic current (*Zeitschr. für Geb. und Gyn.*, XI., 1, 1885).

While some of the marvelous results obtained by the faradic current in the hands of several of the authors mentioned (notably Apostoli and Baird) may as yet appear to many in the profession slightly exaggerated, there is one peculiar, and fortunately not very common, affection in which the electric current, both the faradic and the galvanic, has proved itself capable of destroying and saving life at one and the same time: I refer to extra-uterine pregnancy, where, by destroying the life and arresting the growth of the fetus and its envelopes, the life of the mother is saved, or at least a subsequent capital operation is averted. The cases in which this unfailing result has been obtained have now become sufficiently numerous to allow us to feel that an early recognition of the condition before rupture has begun is equivalent to a favorable termination, if the electric current be at once employed and repeated until fetal life is destroyed. Experience has shown us that the faradic current, while less powerful and less rapidly effective, is equally safe in arresting fetal development as the galvanic, which latter (as I had occasion to observe in a successful case of tubal pregnancy in my own practice) may cause alarming shock.

I will but refer to another use of the faradic current during pregnancy, that is for nausea and vomiting, which the late Dr. Lente claimed could be frequently checked by passing the current directly through the body at the epigastric region.

I have referred to the use of electricity in obstetrics merely to show very briefly what has been done and what is claimed for the agent in that branch. My object in this paper is, however, to confine myself to the discussion of the therapeutical application of electricity to gynecology.

The modern text-books on diseases of women casually refer, in

general terms, to the faradic or galvanic current as a measure to be employed for certain diseases, and the manner of using the agent is briefly described in some of the works on electricity, notably in Beard and Rockwell's comprehensive text-book. Among journal articles on this subject which have attracted attention during recent years are chiefly those of Blackwood, of Philadelphia, and of Tripiier and Apostoli, of Paris, the former having lauded the value of electricity in uterine displacements; the latter, in uterine fibroids and pelvic cellulitis. Bayer (l. c.) has but little to say as regards gynecology, limiting his observations almost entirely to obstetrics.

In spite of these various articles, and the undoubted value of electricity in many of the conditions referred to, it can scarcely be said to have become popular with the mass of the profession, either in obstetrical or gynecological practice. Chiefly is this the case in obstetrics, where the effect is usually more rapid and marked than in the more chronic affections of gynecology. And this is not strange, in view of the difficulties attending its employment during labor, the inconvenience of carrying a battery to every case, the impossibility of having it at hand in an emergency, etc. It is to be feared that these obstacles, which will always cling to the practice of obstetrics, in city and country, will limit the adoption of the remedy to exceptional cases and to maternity hospitals.

These objections, however, do not apply to gynecology which is practised to a great extent in the consulting-room, where the physician can keep and have in constant readiness for use such electrical appliances as may be required, the employment of which should in no case be attended with severe pain, or be followed by disturbance or evil consequences of any kind, or prevent the patient's returning home immediately in the same manner as she came, or require rest for some time afterward, or, indeed, any special precautions. On the contrary, if pain was present before the application, it is very frequently relieved, even if but temporarily, chiefly by the galvanic current. Further, the range of applicability of electricity in the diseases peculiar to women is quite large enough to make it a valuable adjunct to other methods of treatment, especially as some of these affections are but little amenable to the routine remedies. Thus, the faradic current is found useful in the various conditions of malnutrition of the sexual organs (arrest or deficiency of development

of uterus and ovaries before puberty, or excessive involution after parturition; amenorrhea (irregular menstruation); deficient contraction of uterus (subinvolution, menorrhagia); displacements due to relaxation of ligaments. The galvanic current has been employed with benefit under circumstances where the melting down and absorption of adventitious products was desirable (subinvolution and hyperplasia of uterus, old plastic exudations, and adhesions from pelvic cellulitis and peritonitis, chronic oöphoritis and perioöphoritis; pelvic neuralgia, chiefly when due to pressure by exudations; fibroid tumors. And the galvano-cautery has been recommended by some authors for the cure of hyperplasia, fibroid and ovarian tumors). The use of the galvano-cautery does not properly come within the scope of this paper, since the electric current then acts merely in a secondary capacity as a heat-producing factor, the heat and not the galvanic current being the therapeutic agent.

But with all these advantages, its safety, ease of application and beneficial results, I believe I do not exaggerate when I say that the routine, every-day use of electricity in gynecology is still limited to comparatively few specialists in that branch. Why is this? Possibly the expense of procuring the batteries, etc., may at the outset deter many of the younger practitioners, even such as adopt the objectionable course of starting as specialists. But I cannot help thinking that the chief reason lies in ignorance on the one hand, and the want of faith on the other, which the general practitioner, or the follower of another specialty than that of electrology, has in the therapeutic value of that mysterious and invisible power, the electric current. Many are deterred from using it because they "do not believe in it," because they do not understand it, and because, not believing, they do not care to learn its use. And I fear the extravagant claims and praises of some electrological enthusiasts may be, in a measure, to blame for this want of faith and indifference.

Now, my object is precisely to show that it requires no special talent and no prolonged study of the mysteries of electricity, and no complicated or very expensive apparatus with mysterious foreign names, ancient and modern, to enable the practitioner, *who is competent to correctly diagnose his patient's condition and form therefrom the proper indication*, to employ the electric current in gynecology with safety, and in many cases with considerable benefit. And in

making this statement, I speak from experience; for the many excellent results which I have obtained with electricity during the past twelve years have been gained under precisely such conditions. I dare say the electrologists may call the employment of electricity in this manner empirical. Perhaps they are right; but I can only ask, Is not the whole therapeutical use of the agent to some extent empirical? I should judge so, when I learn from practical electricians that it seems to make little difference whether the current ascends or descends, or whether the faradic or galvanic current is used, so far as the therapeutical result is concerned, if only the poles be applied in the proper spots and the current be not too strong.

After this introduction, which has, I fear, attained proportions not originally intended, I will proceed to discuss the various affections of the female genital organs in which, as an empiric and non-specialist in electrology, I have employed electricity, both the faradic and galvanic varieties, with more or less benefit.

The apparatus which I have found all-sufficient in my practice as a gynecologist is the following:

I. A portable faradic battery, either the well-known Kidder tip instrument, or that made by the Galvano-Faradic Co., or any other reliable manufactory.

II. A portable galvanic battery, containing from 16 to 36 cells, with hydrostat and reversible current button.

For years I used exclusively a simple Kidder tip-battery when I wished the interrupted current; and a Galvano-Faradic Co.'s battery of 16 cells, without a hydrostat; later, a more complete and elegant portable battery of 36 cells (one circuit of 12, and a second of 24 elements) with hydrostat and reversible current, made for me by Waite & Bartlett, of New York. Within the past year I had made for me by the same firm, for office use only, a more expensive combination battery in cabinet form, containing both the faradic and galvanic currents, either to be used separately at will, with reversible currents and galvanic interrupter; the number of elements in the galvanic part is 40, an entirely too large number for practical purposes, since a larger number than 24 to 30 is scarcely ever required, safe, or borne by the patient. A galvanometer for measuring the exact strength of the current, graduated to measure milliampères, prevents shock, and tests the actual power of the battery at each sitting.

The galvanic interrupter seems to me to be of questionable necessity or utility in gynecology (except in subinvolution), since I believe that a steady, quiet, not too strong, *constant* current, if employed sufficiently long and often, answers every therapeutical requirement to be expected from that agent.*

III. The instruments used in applying the current to the pelvic organs are:

a. Several round flat sponges about 2" in diameter, fastened on metal disks, which are screwed into the universal wooden handles, to which the insulated (silk covered) wire cords are attached, which connect the sponge electrodes with the battery.

These are used for external applications over small portions of the skin of the abdomen or back, either both being placed over the pelvic and abdominal regions, or one being held in the palm of the hand or placed on some distant portion of the body.

b. Two large flat sponges, 4" to 6" by 3" in size, covered on one surface with rubber cloth, which slightly projects over the edge of the sponge, and provided with projected metal attachment for the connecting cords. These are used when it is desired to include a larger surface in the current, such as the whole suprapubic, sacral, or the sub-trochanteric region of the hip.

All these sponge electrodes are soaked in warm salt water, and squeezed nearly dry before being applied to the skin. The counter-irritant effect of the galvanic current is intensified by the addition of salt to the water, so that patients generally speak of the sponge feeling like a mild mustard plaster when the negative pole is external, and the skin is found distinctly reddened. Warm water alone suffices to insure the passage of the current; hence with the faradic current the addition of salt is unnecessary. As often as they become dry, the sponge electrodes must be re-moistened.

c. The metal electrodes, one a ball about an inch in diameter, for married women, the other, a small olive for virgins, each attached to a steel sound, covered with English catheter, and furnished with a screw by which it is connected with the universal handle. These

[*I use the Kidder Tip Faradic machine whenever I want to apply the Faradic current, and the McIntosh Galvanic where I desire to apply the galvanic current. I have the 36 cell battery referred to, but I prefer the McIntosh.—PITZER.]

metal balls or olives are covered with tight-fitting chamois leather (which should be renewed frequently, as it becomes hard and discolored), and are used for applications to the cervix and vaginal vault, and through them to the uterus and its adnexa. The leather covering prevents the escharotic effect accompanying the negative pole of the galvanic current, and helps to concentrate the current in one spot.

d. One long, flat metal electrode, of about the size and length of a finger, for applications to the whole vaginal surface, as in relaxation of its walls.

e. One sound-shaped metal electrode, isolated by catheter covering to within $2\frac{1}{2}$ " of its tip, and to be screwed to the universal handle, for intra-uterine use, either with galvanic or faradic current.

If the current is to act only on the fundus uteri, an electrode insulated to within a quarter of an inch of the point should be employed, but I generally use the other.

If it is desired to confine the current to the uterus alone, an electrode specially for this purpose should be used.

A cup-shaped electrode, with or without a central pin about 1" long, for galvanization of the cervix and cervical canal, is a useful instrument when the introduction of a sound beyond the internal os is to be avoided.

For a rectal electrode, the olive tip already described answers very well; for the bladder, the intra-uterine sound electrode. When it is desired to act particularly on certain points in the pelvis, either through the vagina, bladder, or rectum (as, for instance, in electrifying the ante- or retro- uterine ligaments in bilateral pelvic exudations), special electrodes with double points or olives may be constructed. But my experience has not convinced me of the utility or necessity of these contrivances. All metal electrodes for internal use should be dipped in warm water and covered with vaseline before being inserted into the respective passages.

f. Four or more isolated cords, each pair of different colors, so as to enable the operator to recognize at a glance, without exposing the patient, which cord is attached to the negative and which to the positive pole.

The expense of these instruments* need not be great, \$100 would

[*We can furnish any of these batteries with all the electrodes necessary.
—PITZER.]

probably cover it if only the actually necessary articles are procured. Of course, twice that sum can be spent on a single battery, without counting any of the other requisites.

The only expense of keeping the batteries in order is the occasional changing of the fluid, and every year or two a few new plates of zinc in place of those damaged by wear. The platinum and carbon plates last a long time. The amount of wear naturally depends to a great extent on the amount of use the battery has, and on the care taken not to waste its strength when not in use.

I seldom have to refill my batteries oftener than once in three months, and keep new fluid in jars for the purpose. My new cabinet battery, I am told, will run two years without change.

An experience of over ten years' almost daily use of one or the other of the two varieties of electric batteries has impressed me with several cardinal points of a practical importance in the use of these instruments in gynecology, which are a necessary preface to the discussion of the separate affections in which electricity is beneficial.

Firstly. I have found the galvanic current far more generally useful than the faradic, because the latter is restricted to those conditions in which a stimulating influence is required, whereas the majority of chronic hystero-pelvic diseases in which electricity is indicated call for the soothing, anesthetic, alterative action of the constant current.

It is on this specific difference in the action of the two currents on living tissues that their special indications in gynecological therapeutics depend.

Secondly. A mild, steady, absolutely painless current from a galvanic battery will answer every therapeutical purpose, and is in every way preferable to a powerful or interrupted constant current, which causes painful shock or gives positive pain. As a rule, the galvanic current should produce no other sensation in the organs through which it passes than a pleasant tingling sensation in the skin to which the negative pole is applied.

The faradic current, on the other hand, is effectual exactly in proportion to its strength, and should generally be given as strong and with as many interruptions as the patient can endure.

It is always advisable to avoid a contact between an uncovered metal electrode of a galvanic battery and the skin or mucous mem-

brane, because the negative pole, if the current is sufficiently strong or is continued for some time (say over sixteen cells, and longer than five minutes), is liable to cauterize the part, and produce an eschar. This caustic property may at times be used for treatment, as in erosions of the cervix, to be referred to hereafter. I have several times inadvertently cauterized the vaginal mucous membrane or the skin of patients, producing a troublesome slough, by using the negative pole in the vagina too long or too strong, when the nurse had omitted to cover the metal ball with leather, or when the metal screw of the sponge had accidentally come in contact with the skin.

The operator should remember that the fresher the fluid in his battery the more powerful is the current, and the more frequently and the longer the battery has been used, the weaker the current becomes. While ten cells of a newly filled galvanic battery will answer for a given case, after a month or two of use sixteen or more cells may be required to give the same intensity of galvanism.

Thirdly. When a constant current causes pain, or even momentarily increases the pain which it is intended to relieve, it is doing harm, and should be either reduced in strength or discontinued.

Only once have I known the galvanic current (in a case of recurrent pelvic peritonitis) to apparently increase the diffuse pelvic pains of which the patient complained, and even to be followed by one of the characteristic attacks. I will not say that the electricity actually caused the exacerbation, but am compelled to admit that possibility, and hence discontinued its use entirely in the case.

Fourthly. In spite of frequent inquiries of electrologists and experiments on my patients, I could never decide that it made any difference, so far as the therapeutical result was concerned, which pole—negative or positive—was placed within the body, if care was only taken not to have the current too strong, and the metal was covered by leather, when the internal electrode was connected with the negative pole.

There are two marked exceptions to this rule, one of which is, in case it is desired to relieve pain in a certain circumscribed spot; then it is best to place the *positive* pole next to the painful point. Hence, in pelvic exudations with consequent local or reflex neuralgia, I connect the vaginal electrode with the positive pole, and attach the negative cord to the large sponge on the abdomen, sacrum, or hip, as the case may be.

The second exception is, that the negative pole, if of uncovered metal, acts as a caustic when a sufficiently strong current is employed.

In hyperplasia and chronic oöphoritis I usually place the positive pole within the body, in order to avoid the possible caustic influence of the negative pole on the cervix or the endometrium. But, knowing the peculiar catalytic property of the negative pole (cathode), I often use it internally in these cases when I am particularly anxious to have an alterative (absorbent) effect, but am then very careful to use only a very mild current, never more than ten cells. I often reverse the current once or twice during a sitting, either breaking the circuit or reducing the strength before reversing.

I have tried to produce di-electrolytic effects in some cases, hoping that the iodine painted on the abdominal skin or the vaginal vault would be conducted through the diseased organs by the galvanic current, but have seen no decided benefit from these experiments.

With the faradic current it has always seemed to me perfectly immaterial which pole was internal and which on the skin.

I intend these remarks to apply only to the use of electricity to the pelvic organs, without inclusion of the cerebro-spinal contents, or of any particular set of muscles or nerves. When central electrization, or the touching of any special groups of muscles or nerves is intended, I presume it does make a difference whether the current goes from or to the central ganglion; and then, also, is the gauging of the exact intensity of the current and the avoidance of shocks of vital importance.

Fifthly. I have always found it a safe plan to begin with a mild current (the galvanic, say four to six cells, the faradic as much as the patient can bear without discomfort), and gradually increased to the limit, either at one sitting or day by day, and toward the end of each sitting gradually diminish the current before disconnecting the poles.

Sixthly. When internal electrization is to be employed (vaginal, vesical, or rectal), it is always well to introduce the internal electrodes before closing the circuit, and to break the circuit before removing them, since the contact of the metal electrode with the sensitive skin at the orifices of the cavities mentioned, while the current is at its height, causes acute pain.

Seventhly. Whether benefit will be derived from the electric

treatment cannot be known for some time, except when the faradic current is used to bring on the menstrual flow, the result then being either immediate or, at least, speedy, after one or several applications.

Several sittings will show whether the patient bears galvanism well, and will probably also, by the sensation of relief and freedom from pain for several hours after each application, give a forecast of the probable benefit to follow in course of time.

Eighthly. In order to give permanent relief, in fact, in order to derive any appreciable benefit from galvanism, it must be used often, steadily, and for a long time. Thus, less than two sittings a week is merely waste of time; every other day, or even every day, is much better than less frequently, and the sittings should vary from fifteen to thirty minutes each. As improvement becomes manifest, the frequency of the sittings may gradually be reduced. In chronic pelvic inflammations, I am in the habit of giving several long (one-half to one hour) sittings of a very mild galvanic current (not more than ten cells) during the week preceding the menstrual flow, for several months, as a sedative at this dangerous time, and think I have seen good effects from this plan.

A course of treatment by local galvanization should last from three to six months. This may seem a very long period, but when we consider how little amenable to any treatment most of these cases of chronic enlargement and the inflammation of the female pelvic organs are (hyperplasia, subinvolution, chronic oöphoritis, cellulitis and peritonitis), and how long the condition generally existed, neither patient nor physician should begrudge the time, trouble, or expense involved, if only a chance of relief is extended. The treatment is tedious, both for the patient and the physician; for the latter can scarcely dispose of more than two such patients in an hour, and if he is fortunate enough to have a large office practice, may spend the better part of the day there. But as he would probably feel in honesty compelled to confess himself unable to benefit many such cases by other methods, he should not fail to afford them such relief as electricity offers, even at a personal inconvenience.

The results of faradism, so far as some of the chronic affections for which it is used are concerned, have been less positive, in my hands, than those of galvanism. When the object was to arouse dormant menstrual energy, I have been fairly successful, and the

effect was speedy; of the restoration of tone of relaxed uterine ligaments, I can say but little that is favorable.

I can truly say that among the most appreciative of my patients were those whom I relieved of their sufferings by the persistent use of galvanism, after they had ineffectually tried other remedies.

Ninthly. But while relief and freedom from pain may be often achieved by galvanism, a permanent cure, a complete absorption of the exudation, and a restoration of the organ to perfect health in hyperplasia, chronic oöphoritis, cellulitis, and peritonitis, is seldom achieved. But this is unfortunately the case with all other methods of treatment for these obstinate affections, without even the relief afforded by galvanism.

Tenthly. I have seen no bad effects follow the rational and careful use of either form of current. A slight bloody oozing from the uterus after intra-uterine electrization may occur, but is of no consequence.

Conditions Indicating Electric Treatment.—The pathological conditions of the female sexual organs in which electricity will be most likely to prove beneficial are the following: Deficient development of the uterus and ovaries; amenorrhea; dysmenorrhea, obstructive and neuralgic; superinvolution; subinvolution (with or without menorrhagia); hyperplasia uteri; chronic ovaritis and salpingitis; chronic cellulitis and peritonitis, and lymphangitis; pelvic neuralgia, local and reflex; uterine displacements; erosions of cervix; uterine fibroids; ovarian tumors.

It is not my intention to make more than this passing mention of the tonic effect of the faradic and the sedative influence of the galvanic current on the general system in the anemia so frequently accompanying utero-pelvic disease.

1. *Deficient Development of Uterus and Ovaries.*—If the uterus and ovaries are congenitally so deficient in development as to be mere traces, no means at our command will stimulate them to a practically available growth, and all efforts to arouse in them a functional activity will fail. This is the case in the so-called uterus bipartitus, where the uterus is represented by a solid fibrous nodule, or a mere conglomeration of loose muscular fibres. Even when but a small hollow rudimentary sac takes the place of the uterus, it is scarcely worth while to try to develop the organ, since it is hardly

likely that it will ever grow sufficiently to enable it to receive and retain an impregnated ovum.

CASE I.—Precisely such an instance came under my observation during the past year, in a young Irish girl of 21 years, who came to my clinic at the Polyclinic because she had not yet menstruated. She was a buxom, apparently in every way fully developed girl, and I was therefore greatly surprised to find that she had no vagina, and that on vesico-rectal examination merely a soft, doughy body of the size of an English walnut, could be felt between bladder and rectum. Although indistinct, menstrual molimina had been present for some months, no distinct ovaries could be felt. Having admitted her to my service at Mt. Sinai Hospital, I dissected inward in the median line about two inches, until I reached the soft sac mentioned, on opening which fully an ounce of glairy matter escaped, revealing a thin membranous sac about two inches in depth. This soon contracted down to scarcely more than one and a half inches, and as this seemed to be all there was of the uterus, and as no ovaries could now be detected, and no menstruation appeared, I was obliged to content myself with keeping the uterine cavity and the vaginal canal open with iodoform gauze and a glass plug, feeling that all attempts to develop so imperfect a uterus to functional usefulness would prove futile.

But if the uterus has the normal shape, and is merely smaller than that of a healthy nubile woman, and when the ovaries, by occasional molimina, show evidence of normal glandular elements, then a systematic course of local electric treatment will generally result in an increase of size, and a proportionately active functional activity of the organs. Such treatment is indicated in nubile girls who have never menstruated, or but imperfectly, and in whom a local examination, called for by an apparent dependence of the physical and mental obliquity on the absent menstrual functions, reveals a uterus scarcely two inches in length, and small infantile ovaries. This condition is known as uterus infantilis, and, as a rule, is susceptible of improvement by persistent local stimulation, chiefly the faradic current, aided by occasional sponge-tents and frequent irritant applications (carbolic acid) to the endometrium. If the ovaries are normal, there may be amenorrhea, because the diminutive uterus does not possess a sufficiently large or sufficiently vascular mucous sur

face for the discharge of blood. Besides the amenorrhea, a more or less stunted physical growth, and certain forms of mental or neurotic disturbances (such as hebetude, hystero-epilepsy, chorea) which depend on the non-performance of the sexual functions, will call for the awakening of those functions by means of electricity.

Method.—The sound electrode in the uterus, and one sponge over each ovary, or one large sponge covering the whole hypogastric region. The interrupted galvanic current, or the faradic current gradually increased to the limit of endurance, and continued for at least half an hour every other day, month after month, specially long and strong sittings every day for a week before the expected menstrual epoch, every effort being made to force the periodicity of the menstrual flow. Of course, a number of months may elapse before the ovaries respond and the uterus has acquired a degree of development sufficient to enable it to exude a satisfactory amount of blood in response to the stimulus of ovulation. As a rule, it may be assumed that so long as there is an evidence of more or less perfect ovulation in the existence of a regularly recurrent menstrual molimen, there is a good prospect of success in developing the sexual organs, and permanently establishing the menstrual function and the possibility of conception. When all molimina are absent, little is to be hoped for from any sort of treatment, because the ovaries are probably atrophied and devoid of glandular elements.

Intra-uterine stems, composed of alternate zinc and copper elements, have been largely used to stimulate uterine growth and menstrual activity, and if the patient could wear the instrument sufficiently long, often with success. But I am inclined to think that the irritation of the foreign body in the uterus had more to do with the result than the somewhat problematical galvanic current induced in the stem.

Should the faradic current fail, it is possible that galvanism might succeed, and I have several times found an alternation of currents at the same sitting, or at alternate sittings, prove more effective than the one current alone. As an excitant of muscular growth, as an irritant, in fact, the rapidly interrupted galvanic current exceeds the faradic. Of course, I do not wish to be understood as advising local treatment by electricity or otherwise for every case of chloro-

sis or amenorrhea in young girls. Only when deficient development of the sexual organs is present should the local treatment be adopted in such individuals.

2. *Amenorrhea*.—The suppression of menstruation may be either temporary (acute), due to extraneous causes (cold, mental and physical shocks), or it may be more or less permanent, caused by local or constitutional influences in the patient herself (such as deficient development or atrophy of uterus and ovaries, anemia, wasting diseases, or large drains on the system, sluggish circulation of abdominal and pelvic organs, deficient innervation of ovaries, change of climate and occupation, etc.). Under the term "amenorrhea," I wish to include, also, deficient, scanty, irregular menstruation, not necessarily total absence only.

When the amenorrhea is due to anemia and other debilitating conditions of the general system, or when a change of climate and occupation are at fault, local stimulation is obviously improper, or, at all events, it should be employed merely as an auxiliary to general tonic and expectant treatment. In the other conditions mentioned, however, while constitutional measures should not be omitted, the chief reliance should be placed on local irritation, especially electricity in the shape of the interrupted current. The method of using it has already been described in the previous section (deficient development), and the chief effort should be made just before the regular menstrual epoch. Hot foot, hip and full baths, sinapisms to calves and thighs, hot vaginal douches, apiol and manganese, laxatives, tonics, exercise, etc., should, if necessary, accompany the local treatment, and in the intermenstrual period bi-weekly stimulant applications (impure carbolic acid and glycerin, iodized phenol) and occasional forcible rapid dilatation of the uterus may prepare the endometrium for the final touch of electricity; or faradization may be continued two or three times a week without intermission, each sitting concluding with a carbolic application.

If the amenorrhea was caused by some sudden physical or mental shock near the time of the normal period, there is probably considerable venous congestion of the pelvic organs, and the abstraction of a few ounces of blood from the cervix by leeches or scarification several days before an expected period will materially aid the other remedies.

In cases where the amenorrhea is of long duration (one or more years), especially if there is a sluggish innervation of the sexual organs, considerable perseverance is required to obtain a successful and permanent result. The following case will show that even such patients may be relieved :

CASE II.—E. C., 20 years, single, formerly regularly menstruated, gradually lost the flow in her sixteenth year, and for four years had no sign whatever, although the molimina were fairly well marked and regular. Between three and four months of uninterrupted treatment by almost daily intra-uterine faradization, daily hot vaginal douches and hip baths, brought on a normal menstrual flow, which, by means of several months further treatment at longer intervals, gradually resumed its healthy periodicity.

The cause of the amenorrhea in this case was obscure, for the girl was not anemic; the history pointed to neurotic influences, which could not be overcome by general remedies.

I need hardly say that in unmarried women, especially young girls just budding into womanhood, the temporary absence of the menstrual flow does not at once call for a local examination or local treatment.

Having ascertained as nearly as possible the probable cause of the suppression, expectant remedies should be advised (iron, manganese, apiol, hot baths, etc.), and only on continuance of the suppression for some months might it be considered justifiable to resort to local measures. Of course, the possibility of a physiological reason for the amenorrhea should not be forgotten, although this event is rather more likely to be suspected in married women, and it behooves the physician to satisfy himself by the most careful physical examination (bimanual) that the uterus is empty, and if in doubt, to temporize until satisfied of the exact facts.

In view of the usual causes of amenorrhea in unmarried women, and the success commonly following medical and general treatment, I very seldom have occasion to use local measures in such individuals, except where there is deficient development or innervation of the sexual organs. The chief contingent of cases of amenorrhea for which I use electricity are the married women, whom a succession of pregnancies has left with a large, hyperplastic uterus, with indurated vessel-walls, and who, with a rapidly increasing general obesity, have

become anemic or hydremic. Such women usually take but little exercise, their circulation is sluggish, and there does not seem to be sufficient vascular activity in their pelvic organs to produce an adequate periodical congestion for the menstrual discharge. Their pelvic organs are full of venous blood; through the speculum the cervix has a purple hue; on scarification, dark venous blood freely escapes; but the circulation is too sluggish, and the congestion seems to fall just short of the point of rupture of the capillaries.

Nulliparous women may also combine rapidly increasing general obesity with amenorrhea, or at least scanty irregular menstruation. In them the uterus, however, is generally not enlarged, but rather the reverse.

In both these classes of women, parous and nulliparous, it seems as though all the trophic energies of the system are diverted to the production of adipose tissue, and that the sexual organs are proportionately neglected. There certainly seems to be a direct relation between the obesity and amenorrhea, since by reducing the weight of these women, at least temporary resumption of the normal menstrual habit may be achieved.

In parous women of this class, it is exceedingly difficult to distinguish whether a suppression of a few weeks may not be an early pregnancy, for the uterus is large, heavy, and soft (through venous hyperemia) in both conditions. It is, indeed, usually impossible to decide, unless the medical attendant is thoroughly familiar with that particular uterus, until a second period has been skipped, when the presence of gestation will be sufficiently evident.

The immediate result of the suppression is the production of cephalagia and insomnia (from cerebral hyperemia), irritability of temper or melancholia, bearing-down sensation, pelvic throbbing, all of which symptoms may become so distressing as to render the patient almost frantic, especially when a second and a third period pass without a flow.

Irregular or scanty menstruation in plethoric well-nourished women of the above description is a source of incessant trouble and anxiety, leads the patients to try all manner of means to bring on the flow, the result usually being a failure. I have often tried the so-called emmenagogues recommended in the books (rue, savin, etc.), but have never been able to place any dependence on them. Manganese,

either the binoxide or the permanganate of potash, has been more efficient. But I found the faradic current, alone or alternating with the galvanic, the only reliable emmenagogue. Indeed, at times it has been almost too efficient, producing too sudden and too profuse a flow, as shown in

CASE III.—Mrs. L. E., 29 years, one child six years old. No miscarriages. Large, finely developed woman, weighing over two hundred pounds. Had grown stout since birth of her child. Often missed two or three months, and for several years had never been sufficiently unwell. In consequence, the symptoms above mentioned were more or less constant. When she first came under my care, I used first the galvanic (ten cells) and then the faradic current, each for about twenty minutes. When the lady left my office there was no flow, but she returned within ten minutes and asked for a napkin, saying that before she reached the corner she found herself flowing. The hemorrhage continued for over a week, and was so profuse that I finally, failing to check it with ergot, was compelled to tampon the vagina.

I frequently brought on menstruation in this lady afterward, but was careful to use only a very moderate current.

The effect of one electrization is usually limited only to that period, and the sittings will need to be repeated as often as the occasion for treatment recurs. And very frequently several sittings are required to bring on a flow, and it has occurred to me to fail entirely. In the latter case, local venesection by leeching or scarification was the last resort. In the intervals between the periods, local and general measures to remove the original cause of the irregularity should be steadily employed. In this manner, I have repeatedly succeeded in regulating the periods for a number of years.

[TO BE CONTINUED.]

Diagnosis of Pregnancy.

Well, now this unmarried girl comes to us because she thinks she is pregnant, and hopes we can do something "to put it away."

"What makes you think you are pregnant?" Dr. G. asks.

"Because I have placed myself in a position to become so, and have not seen my courses for two months," the girl replies.

As a rule, we can not swear to pregnancy until we can hear the

foetal heart-sounds; but there is strong presumptive evidence if the os is soft like one's lips. When the os is as hard as your nose, you may be reasonably sure that there is no pregnancy. Once in a long while a fibroid tumor will give us a soft os and cervix, but this is very exceptional. This condition we will find as early as the end of the first month, though it becomes more marked as pregnancy is further advanced. No matter what station in society a woman may occupy, no matter howsoever exalted her position, when we find a soft os and cervix, we have a right to suspect pregnancy. Here there is a little softening, but very little. Her abdomen is too fat to circumscribe the womb and discover whether it is enlarged, so that evidence is here lost. There is only a shade of darkness about the nipple, not as much as there ought to be in pregnancy. This woman may not be pregnant, and may be suffering only from amenorrhœa. We will give her Bland's pill: dried sulphate of iron, carbonate of potassium, aa. ʒij; glucose, q. s. M. ft. pil. No. xlvij. S.—Two thrice daily for one week, and then increase one at each dose.

If she is not pregnant, this will bring on her menses, while if she is pregnant, it will not cause a miscarriage. Remember that a natural abortion is not very dangerous; it may be likened to a ripened apple dropping from the bough. For some reason the ovum has become detached from the womb, and it passes harmlessly away. But if you pluck a green apple, you will tear also the bough or break the stem from the fruit; so when you produce abortion, you tear the ovum from its firm adhesions to the uterus and cause lesions that may result in septicæmia.—*Dr. Wm. Goodell in Med. and Surg. Rep.*

Salix Nigra (Aments)—a New Sexual Sedative, for Masturbation, Spermatorrhœa and Ovarian Diseases.

Dr. F. T. Paine, Comanche, Texas, after an active practical use of the floral buds of the common willow tree of our Southern rivers, creeks and lakes, as an anaphrodisiac, calls special attention to its great virtues in the *Transactions of the Texas State Medical Association*, 1885. He uses the fluid extract, in drachm doses, three or four times daily. The first case in which he used it was in 1880. The patient was a married man who had "undefinable symptoms," referable mostly to the genito-urinary organs, with general neurasthenia. He stated that his sexual desires had never been, and could

not be satisfied, that he copulated six times every night and his wife was in bad health. He was a pitiable object—unable to work or do anything except gratify his passion. He was directed to take a teaspoonful of the fluid extract three times daily, and to report in ten days. He then reported that he could “hardly go to his wife once a week.” The doctor had used the agent in a number of like instances with equally satisfactory results. He also reports several cases of confirmed masturbators who have been cured of even desire to indulge in their vice by the same agent. Fresh muscular and mental vigor has returned to each of the parties so treated. In cases of simple *hyperæsthesia of the ovaries*—what is too often falsely called ovaritis—it generally acts like a charm. One lady after ten days’ use of the fluid extract in teaspoonful doses three times a day, reported:—“If a woman takes that medicine, she don’t care if there is not a man in the world.” Previously the marital act had given her great neuralgic pain in the ovarian region; now she had none. A sterile, dysmenorrhœal married lady, 35 years old, who suffered intensely one or two days at each menstrual period, came under his care in 1882. She was almost maniacal during these periods. The ovaries were prolapsed and intensely hyperæsthetic. Drachm doses of the fluid extract of *salix nigra* three times daily were prescribed. At the next month the catamenia passed off as pleasantly as a May day, and they have so continued—now over two years. The medicine produced no change in her relations to her husband. The doctor details other cases showing its almost specific value in the treatment of hyperæsthetic ovaries, and says he could add many like favorable reports of cases. Generally speaking, he has found, in cases of hyperæsthetic ovaries, little or no venereal passion to exist during the disease.

Chloroform Water.

In Vol. CXII., No. 4, of the *Boston Medical and Surgical Journal*, chloroform water (water saturated with chloroform) is treated editorially. The writer, in describing it, says that it was first formulated by Guillot, in 1844, and that afterward it was made the subject of a series of trials by Lasegne, Reynauld, and, more recently, by Beurmann. It is a stable preparation, easily prepared, and agreeable to the taste; and when diluted one-half with water, it is devoid

of all piquancy and acidity. After reading and studying the above-named article on the subject, I immediately prepared some, and began its use, substituting it for syrups in cough mixtures, and using it in all solutions containing iron. Besides its other merits, it has marked analgesic power. It is an admirable remedy in nausea, vomiting and gastralgia, and with morphia it is one of the most desirable of sedative cough mixtures. It is said to disguise almost entirely the taste of salicylate of soda, chloral, and bromide of potassium. I have used several gallons of it, and I am daily more pleased with it. For a long time I have been disgusted with syrupy mixtures (and I believe my patients have been also), and I shall use chloroform water in their place whenever I can.

To prepare it: Take a half-gallon bottle and nearly fill it with distilled water; then add three or four fluid drachms of Squibbs' chloroform; cork it tightly, and shake it every five minutes for an hour or so, and then set it to one side until the excess of chloroform has settled to the bottom of the bottle, where it can be seen in globules. It is some hours before the excess is well settled. Syphon or decant the solution, leaving the excess of chloroform. It is a beautiful, clear and sparkling preparation. Below I give a small list of formulas in which I am using it with great satisfaction, also a small list from Beurmann:

R. Morphia sulph., 1 grain; aqua chloroform, fl. ℥iv. M. Dose, a teaspoonful every hour in irritating coughs, also in nausea, gastralgia, etc.

R. Tinct. ferri. mur., fl. ℥iv.; acid phos. dil., ℥j.; chloroform water, ℥vj. M. Dose, a teaspoonful in half a wineglass of water, before meals, as a tonic.

R. Brom. potass., ℥ij.; tinct. opii. camphor, fl. ℥ij.; syrup tolu, fl. ℥iv.; chloroform water, fl. ℥j. M. Dose, from $\frac{1}{4}$ to 1 teaspoonful in therapeutics of infancy.

R. Salicylate of soda, 8 parts; syrup, 30 parts; peppermint water, 20 parts; dilute (half water) chloroform water, 100 parts; Mix.—*Beurmann*.

R. Chloroform water, 13 parts; peppermint water, 3 parts; water, 12 parts. M. Dose, a tablespoonful for a calmative stomach potion.—*Beurmann*.—DR. A. D. BUNDY (*Ohio State Medical Reporter*.)

The Effect of Cocaine upon the Healing of Wounds.

Dr. Lucien Howe concludes an article on this subject in the *New York Medical Journal*, August 8th, with the following propositions:

1. In the lesions of the conjunctiva, perfect solutions of the hydrochlorate of cocaine have no appreciable effect, beneficial or otherwise, upon the healing process. When the solution is imperfect, a slight additional hyperemia is produced, which persists longer than in the other eye, but this is ordinarily of no practical importance.

2. In lesions of the cornea it has a beneficial effect, like other mydriatics, but inferior to that of atropine. In imperfect solutions a perceptible abrasion of the epithelium is produced, and, though this is quickly renewed, the healing is thereby delayed by the cocaine.

3. In wounds of the iris the mydriatic action of cocaine is evident; but here again it is inferior to atropine, and is of little value in detaching firm synechiæ. Imperfect solutions, however, do not appear to hinder the healing process any more than when applied to the conjunctiva or cornea. Indeed, as strong mixtures possess decided antiseptic properties, they would seem to exert a favorable effect in this respect.—*Louisville Med. News.*

Treatment of Vesical Irritability.

Dr. A. F. Erich writes to the *Philadelphia Medical Times* for October 3, 1885, that vesicular irritability and frequent micturition, with burning pain at the meatus and much straining, particularly when the urine is alkaline and cloudy, are frequently relieved by the following combination: *Acidi benzoici*, ʒj.; *sodii biboratis*, ʒjss.; *aquæ*, fl. ʒvj. M. S. Tablespoonful every three to four hours.

If the trouble does not yield to this medicine, Dover's powder in 3-grain doses every two or three hours is frequently found effective.—*Therap. Gaz.*

For Impotence.

Dr. Bartholow recommends, with confidence, in impotence: R. *Ext. cannabis indicus*, gr. x.; *aq. ext. ergotin*, ʒij.; *ext. nux vom.*, gr. x. M. Ft. pil. No. xx. Sig. One morning and night.—*College and Clinic Record.*

EDITORIAL.

Pasteur and Hydrophobia.

Pasteur, of Paris, is exciting more curiosity, and bringing forth more expressions and manifestations of nonsense than any medical man in the world. It is said that American people enjoy being humbugged, and it really looks that way; for when they will send patients all the way to Paris for the sole purpose of having a crank experiment upon them, we feel justified in accusing our people of being a little lunny, at least. It is astonishing to witness the interest apparently manifested in Pasteur's operations. The daily papers are full of his theories and practices. From reading some of these papers one would think that medical journalism was being assumed by them.

But, possibly, some of our readers may think us rash in saying what we think about this mad-dog business. All right. When we shall have been convinced that Pasteur has prevented or cured a single case of hydrophobia, then we are ready to submit, but till then we shall unhesitatingly express our convictions. From all we have seen and heard about Pasteur and his mad-dog cures, and from the observations we have had in the practice of mad-stone cures for hydrophobia, we regard the whole business as a huge humbug. Up to the present time we have not, to our knowledge, had a single well authenticated case where the mad-stone cured hydrophobia, and yet the people, everywhere, seem to have implicit confidence in this magic stone. It is said that the mad-stone will prevent hydrophobia. How does anybody know this? Just like they know that Pasteur's practice will prevent it. It is all assumption, and the people are so very ready to believe things they want to be so, that they do not stop to ask why. Is it not marvelous that the mad-stone should have such a reputation in the face of an intelligent people? Should any philosophical appliance or measure rest its reputation upon such doubtful success as the magic mad-stone, it would fall into oblivion in a single year.

We mean no harm by these strictures, but we desire to fix the minds of our readers upon one thing, viz., Pasteur's practices will soon be by-gones. They will not live as long as the mad-stone, for he cannot succeed in keeping them wrapped up in the magic oil that keeps the mad-stone in existence. But if anybody wants to make a fortune upon the credulity of the people, America is a good place, and the bigger the humbug the greater the success. We venture to say that if anybody would establish a rabbit farm and then commence to inject the rabbits with mad-dog juice, and actually follow out the programme of Pasteur, hundreds of people in this country would go mad, and the office of the rabbit farm would be well patronized. Well, this may seem like trifling with serious matters, and we may be accused of being presumptuous for speaking so lightly of such a great man as Pasteur and his practices, but we suffer no compunctions, and feel quite sure that in a few years—very soon after Pasteur's death, and maybe before—the whole profession will be with us. As to the mad-stone, we *know* something of that, and have had some funny experiences. If anybody wants to talk to us upon these subjects, our journal is open for controversy. Send in your papers.

BOOK NOTICES.

CLIMATOLOGY AND MINERAL WATERS OF THE UNITED STATES.—By A. N. Bell, A. M., M. D.

This is the October number of Wood's Library of Standard Medical Authors, and is an excellent number.

DISEASES OF THE LUNGS.—By Prof. Germain Sée, Paris, France. Translated by E. P. Hurd, M. D.

This is the November number of Wood's Library, and we find many valuable hints on the treatment of pneumonia, bronchitis, etc. It is a work of merit, and worth more than it costs.

THERAPEUTIC USE OF FARADIC AND GALVANIC CURRENTS IN THE ELECTRO-THERMAL BATH, with history of cases.—By Justin Hayes, M. D. Published by Jansen & McClurg, Chicago.

DIAGNOSIS OF DISEASES OF THE BRAIN AND OF THE SPINAL CORD.—

By W. R. Gowers, M. D., F. R. C. P.

This is the December number of Wood's Library, and to those interested in diseases of the nervous system it is a valuable acquisition.

CLINICAL NOTES ON UTERINE SURGERY, with Special Reference to the Management of the Sterile Condition.—By J. Marion Sims, M. D. Published by Wm. Wood & Co., New York. Paper cover; 401 pages. Price, \$1.00.

We all know that Prof. Sims was master of his business, and nowhere has he left better marks of his ability or showed stronger evidence of his great familiarity with surgical gynecology than we find in this book. It is not only entertaining, but it is a thoroughly practical work.

VENEREAL MEMORANDA.—A Manual for the Student and Practitioner.—By P. A. Morrow, A. M., M. D. Published by Wm. Wood & Co., New York. Price, \$1.00.

A concise exposition of the nature and treatment of venereal diseases.

CUTANEOUS MEMORANDA.—By Henry G. Piffard, A. M., M. D. Published by Wm. Wood & Co., New York. Price, \$1.00,

RATIONALISM IN MEDICAL TREATMENT, or the Restoration of Chemism, the System of the Future.—By Wm. Thornton, Boston, Mass.

ESSENTIALS OF VACCINATION.—A Compilation of Facts Relating to Vaccine Inoculation and its Influence in the Prevention of Small-Pox.—By W. A. Hardaway, M. D., St. Louis, Mo. Published by J. H. Chambers & Co., St. Louis.

URINARY AND RENAL DERANGEMENTS, AND CALCULOUS DISORDERS.—By Lionel Beall, M. D. Published by P. Blakiston, Son & Co. Price, \$1.75.

A practical work of great value.

POST-MORTEM EXAMINATIONS, with Especial Reference to Medico-Legal Practice. — By Prof. Rudolph Virchow. Published by P. Blakiston, Son & Co., Phila., Pa. Price, \$1.00.

This is a fine little book, and should be in the hands of every practitioner of medicine.

MILK ANALYSIS AND INFANT FEEDING.—A Practical Treatise on the Examination of Human and Cows' Milk, Cream, Condensed Milk, etc., and Directions as to the Diet of Young Infants.—By Arthur V. Meigs, M. D., etc. Philadelphia: P. Blakiston, Son & Co., 1885. 12mo, pp. 102. Price, in cloth, \$1.00.

OFFICIAL FORMULÆ OF AMERICAN HOSPITALS.—By C. F. Taylor, M. D. Pp. 235. Price, \$1.00.

MISCELLANEOUS PARAGRAPHS.

The Treatment of Chorea.

In a paper on this subject, presented to the Harveian Society, of London, Dr. W. B. Cheadle, after referring to the failure of innumerable specifics, and to the skepticism too widely engendered therefrom, declared his own belief in the value of medicinal treatment. Speaking from the careful notes of one hundred and sixty cases observed during a period of eight years, he stated that the average duration of the disease under treatment had been five weeks (the extremes being ten weeks and four days); whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic, he had at last found an agent which did succeed. Todd, as long as forty years ago, had recognized its power; so had Babington and Begbie; but dread of the poison had checked their use of the remedy. Dr. Cheadle proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of liquor arsenicalis, with small doses of tincture of perchloride of iron. A comparison of long series of cases treated without arsenic and with

arsenic respectively, gave for the former an average duration of forty days, for the latter, twenty-nine days; and this difference was increased when the last fifty-eight cases were compared with fifty-eight consecutive cases in the former series, the average duration under arsenic being only twenty-four days. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by the others; viz., a bronzing of the skin analogous to that observed in Addison's disease. The staining was most marked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discoloration by silver, but resembled the pigmentation due to chronic congestion. In conclusion, while advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.

Koumiss.

With pleasure we refer to the advertisement of Koumiss, as prepared by L. M. Findley, St. Louis. We have used Koumiss in our family, and can speak from actual experience regarding its value, as set forth in the claims.

Koumiss is a wholesome, nutritious drink, possessing important medical properties. Originally it was made from mare's milk by the Tartar tribes of Asia, but of late years it has been found that cow's milk, when properly treated, will answer equally well.

The Koumiss which Mr. Findley manufactures, and to which the attention of the profession and the public is now invited, is a carefully prepared "Wine of Milk," and has been approved and endorsed by many of the leading physicians of St. Louis.

Dr. Dahl says: "When thirsty, or after violent exercise, Koumiss is the most pleasant and refreshing of all drinks. It is hunger-stilling, without being surfeiting or destroying the appetite."

Dr. E. M. Hale says: "As a social drink it never causes the dullness or heaviness of beer, the heat and stimulation of wine, or the after sense of prostration they so often leave."

To overcome the desire for stimulants, Koumiss should be used as a drink, excluding all other fluids.

As Koumiss is peculiarly nourishing (each quart containing about four ounces of solid food), it is indicated and will be found beneficial in all constitutional diseases; tuberculosis of the lungs, pulmonary diseases, diabetes, convalescence from typhoid fever, anæmia, emaciation, and diseases of similar character. In the vomiting of pregnancy, Koumiss has been found beneficial if taken before rising in the morning.

In all conditions indicated by defective nutrition, and whenever better nutrition is required, it can be obtained more rapidly and satisfactorily by the use of Koumiss, than by the use of any other food or medicine known, and it is almost sure to be retained by stomachs that *reject everything else*.

In all diseases where the stomach is peculiarly sensitive, and cannot from any cause retain ordinary food, Koumiss will be found specially beneficial, and will speedily allay and prevent irritability.

Prof. E. L. Keyes says: "Koumiss is especially valuable when cod liver oil cannot be digested, and milk disagrees."

In dyspepsia, Koumiss has asserted and established its great value, and to-day no food or medicine equals it in the relief afforded, when its use is persisted in for a reasonable time, and care taken in regard to other forms of food.

In cholera infantum, choleraic diarrhoea, summer complaint, and kindred diseases of children, Koumiss given under the directions of a physician will prove most beneficial.

We advise our readers to test this delicious, nourishing preparation, and that will be recommendation enough. See advertisement on page xlv.

Tongaline,

J. L. Grant, M. D., of Carrollton, Mo., states; "Wishing to be of benefit to any poor sufferer with asthma, I will say that my wife is subject to asthma, and has been for years. She had a severe headache during one of her spells, and I gave her a dose of Tongaline, which relieved her of the asthma. I have tried Tongaline with her several times since when she was suffering, and in every instance the asthma was checked. I recommended it to Mr. Jos. Black, a young gentleman of our town, and he says it relieved him every time taken. I know that you do not recommend it for asthma, but I can safely do so."

M. Pasteur's Treatment for Hydrophobia.

The operation of inoculation consists simply in injecting virus under the skin by means of a hypodermic syringe. Ordinarily, it produces no illness or unpleasant results of any kind. In our engraving, which is taken from *L' Illustration*, we show the process of treatment as applied in the case of a young shepherd boy who was recently treated by M. Pasteur.

The first step in the preparation of the virus used in this operation is the inoculation of a rabbit with a fragment of tissue taken from the spine of a rabid dog. The hydrophobia microbes contained in this tissue, by introduction beneath the skin of the animal or preferably into its brain, penetrate the entire system and communicate the disease. The animal becomes mad. The incubation of the poison occupies fifteen days. As soon as death occurs, a portion of the spinal marrow of this diseased rabbit is introduced into the system of a second rabbit; from the second rabbit matter is taken with which a third rabbit is inoculated; and the process is continued until sixty animals in all have been treated. The power of the hydrophobia virus increases with each inoculation, so that the last incubation of the sixty operations occupies but seven days. On the other hand, the power of the virus is diminished by dried air, so that different degrees of strength are obtained by keeping the spinal marrow of the inoculated rabbits in bottles of dried air. In beginning his treatment, therefore, M. Pasteur inoculated the shepherd boy with old tissue, the strength of which had been attenuated with dry air.

Gradually the strength of the virus was increased, until at the last injection, at the end of about a fortnight, the tissue employed had been bottled only two days. The period of incubation of the last inoculation did not exceed a week, but the system of the patient had been brought up to such a condition that it could receive such powerful virus without injury. This treatment not only prevented the development of rabies in the patient, but as M. Pasteur assured him, gave ample protection against the attacks of any other mad dogs for a year at least.

In almost all cases, M. Pasteur's treatment has so far been successful. He has recently inoculated three children who came to him from Algeria, two months after having been bitten. They have

now returned to their homes and are in perfect health, though the death of one of their comrades before they started for Paris gave unmistakable evidence that the dog was rabid. It may, of course, be possible that the virus of the mad dog did not reach the two children who are living. There are at present no less than sixty-two persons under treatment by M. Pasteur, for hydrophobia. One patient, a young girl who was bitten by a mad dog and subsequently inoculated, has died of rabies; but as thirty-six days elapsed before she was operated upon, the period of incubation had expired, and the treatment came too late. Though this case shows the necessity of prompt action, it does not detract from the value of the system; although an unbeliever might say, perhaps, it was the treatment that caused the death.—*Scientific American*.

Oxalate of Cerium as an Anti-emetic.

Dr. W. R. Chittick urges the use of oxalate of cerium in much larger doses than those usually prescribed for arresting vomiting in various morbid conditions. He is satisfied that the drug is harmless. He reported to the New York Therapeutical Society, in April, 1880, a series of cases in which the drug was used in doses of three, five and ten grains three times a day for cough of phthisical patients, affording relief to some and benefit to all, the greatest advantage being found in those where the cough was caused by or associated with an irritable stomach.

He would advise giving it in doses of eight to ten grains every two hours, until relief is obtained, in cases of irritable stomach where a sedative action is required. It may be combined with any other remedy that is indicated by the morbid condition present. In the vomiting of pregnancy, he finds a combination of this drug with ingluvin to be very valuable.—*Detroit Lancet*.

Pure Bovine Virus.

A. A. Mellier, of 709 and 711 Washington Ave., St. Louis, is the Western and Southern agent for the pure Bovine Virus, from the celebrated Lancaster County Vaccine Farm. Success guaranteed in all primary cases. Only virus from purely grain-fed stock. Put up in original glass packings. Send for circular containing prices and discount.

The Treatment of Cystitis.

Dr. Floyd Clendenen, of La Salle, Ill., writes to the *Therapeutic Gazette* as follows:

"During the last few years I have had a number of cases of cystitis on my hands, in which I have used the following prescription with the greatest success; R. Tr. elaterium, ʒj. to ʒij.; fl. ext. belladonna, gtt. xv., to xxx.; water, q. s. ad fl. ʒiv. M. S. Teaspoonful every two or three hours.

With this treatment is usually combined a tea made from watermelon seed or elm bark. My failures with this treatment have been very few. In a few instances, where the case seemed somewhat rebellious, I have given the elaterium strong enough to get the cathartic effect of the drug. The specimen of elaterium from which the tincture is made should be perfectly pure, or the results cannot be depended upon. The way that I prepare the tincture is to exhaust 1 grain of elaterium in an ounce of pure alcohol, to which 4 drops of nitric acid have been added."—*North-western Lancet*.

Hydrochlorate of Cocaine in the Vomiting of Pregnancy.

Weiss, of Prague (*Boston Medical and Surgical Journal*), has used this remedy successfully in a case of vomiting of pregnancy which had resisted all previous attempts at relief. The patient was weak and anemic, of a nervous disposition, and had suffered in three previous pregnancies with persistent vomiting; in her present pregnancy her condition was serious. Weiss prescribed: R Hydrochlorate of cocaine, gr. ij.; alcohol, enough to dissolve; water, ʒv. Sig. One teaspoonful every hour.

The Use of Carbonate of Ammonia in Cerebral Hemorrhage Embolism, and Thrombosis.

Dr. R. C. Van Wyck, of Hopewell Junction, N. Y., writes: "In your journal of November 21, page 568, on the 'Use of Carbonate of Ammonia in Cerebral Hemorrhage, Thrombosis, and Embolism,' the dose used by me is given as five grs. in ʒ ss. (half drachm) of solution liquor ammoniæ acetatis; it should be ʒ ss. (half an ounce) of liquor ammoniæ acetatis. In passing, permit me to say that since this article has appeared in *Gaillard's Medical Monthly*,

I have treated successively two other cases in persons of advanced years, both females, aged eighty-two and ninety-three years respectively. Both of these cases are now able to dress themselves and go up and down stairs and around the house by the aid of canes—the older, using two canes, is quite lame; the younger one using only one, and then sometimes omits that. She has been to her son's house visiting, a distance of three miles over very rough mountain roads."

Diabetes Mellitus successfully Treated with Boracic Acid.

F. A. Monckton reports, in the *Australasian Medical Gazette*, a case of diabetes mellitus cured by the use of this drug. He says, while pointing out that the value of boracic acid as a diabetic remedy has only been proved in this one case, let me earnestly beg that those who have an opportunity of watching its effect will try it. When placed on the boracic acid the patient's urine had a specific gravity of 1.025. Seven grains of the acid were given three times a day, and at the end of ten weeks the specific gravity was 1.016; no sugar. He continues the drug, however, as it produces no unpleasant effects. No stringent dietary regulations were observed in this case.

Cocaine vs. Morphine.

Smidt and Rank, physicians of a prominent German morphine institute, confirm the value of cocaine in the cure of the morphine habit (*Berl. Klin. Woch.*, Sept. 14, 1885). Their testimony and conclusions are formulated as follows:

1. Cocaine is a highly useful and almost indispensable factor in the cure of the morphine habit. It facilitates and shortens the latter materially, without exerting any untoward secondary influence upon the patient.
2. The principle of the cure consists in exhibiting morphine in decreasing and cocaine in increasing doses.
3. Cocaine acts best when exhibited subcutaneously in five-percent. watery solution.
4. The ordinary dose is $\frac{1}{2}$ gr., and may be increased to $1\frac{3}{4}$ gr., though 3 grs. ought not to be exceeded.
5. A cocaine habit has never been noted to occur.—*Therapeutic Gazette.*

Cocaine in Venereal and Syphilitic Disorders.

The experience of Bono with cocaine in affections of the genital system (as published by the *Gazz. delle Cliniche*, ii., 1885) can be conveniently epitomized as follows:

1. An injection of a few drops of a two-per-cent solution of cocaine removes promptly the pains felt in acute gonorrhea during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four to five times daily.

2. This cocaine-injection is unrivaled in rendering caustic injections or the introduction of the catheter painless.

3. The burning pains of blenorhea in women yield invariably to small cotton tampons saturated with a two-per-cent solution of cocaine, or to the application of a five-per-cent solution of cocaine, or to the application of a five-per-cent cocaine ointment.

4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope.

5. It allows of a painless cauterization in balano-prostatitis.

6. Pointed condylomatæ can be painlessly cauterized, excised or scraped out with its aid.

7. In cauterization or excision of primary syphilitic affections, cocaine evinced every desirable analgesic virtue of a sufficiently long duration.

8. Taken internally during an anti-syphilitic treatment, cocaine did not present any appreciable effects.

9. Its local effects are highly beneficent in syphilitic tonsillitis, and in stomatitis mercurialis, and difficulties of deglutition.

Bono refers also to its analgesic properties in acute painful eczema, pruritus vulvæ, sore nipples and burns.

As Bono's observations were confirmed by Blumenfeld, Fränkel, Pick and Neisser, they are entitled to attention and confidence.—*Therap. Gaz.*

Warner's Sugar-Coated Pills.

The solubility of coated pills is a matter of very great importance to the physician who may desire to prescribe those of quinine and other medicines offensive to the taste and smell. Various experiments from different sources have demonstrated the fact that the

sugar-coated pills prepared by Wm. R. Warner & Co. are the most soluble and reliable in this respect. Those containing quinine are made of good material and full strength, as demonstrated by chemical analyses. These facts were established by Leroy M. Yale, M. D., of New York, and A. B. Lyons, Analytical Chemist, Detroit, and others. And the well-known reputation of the house is a sufficient guarantee.—*Southern Med. Record.*

Catarrh of the Bladder.

In some obstinate cases of catarrh of the bladder, I have found the following very useful. The more chronic the case and the more obstinate it is to the action of other remedies, the better this medicine acts: *R. fl. ex. buchu, fl. ex. uva ursi, aa., 3 ss; fl. ex. gelseminum, 3j. M.* From ten to thirty drops five times a day.—G. A. NOBLE, M. D.—*New Eng. Med. Monthly.*

Forty Years' Use of Hydrastis.

I have used hydrastis, in various forms, for more than forty years, and employed numerous preparations. Lloyd's hydrastis is the finest I have ever had in my hands. Therapeutically it acts fully as well, generally, but in stomach troubles better. I used it principally in diseases of the digestive organs and general debility.

DR. JAMES COOPER.

Results of the Continuation of Pasteur's Inoculations for Rabies.

The Paris correspondent of the *Lancet* writes that the young shepherd (Jupille) referred to as being still under observation, and upon whom M. Pasteur has since ceased his inoculations, has returned to his native village. His room is now occupied by another lad of fourteen, who is said to have been bitten by a mad dog at Bordeaux. Two other children, also bitten by a mad dog, have been forwarded to Paris by the mayor of Roubaix, to be subjected to M. Pasteur's treatment for hydrophobia. The persevering and zealous experimenter will soon have his hands full, and the confidence in his remedy is such that people come from great distances to consult him, without even taking the trouble to find out whether the dogs that bit them were really rabid or not; so that M. Pasteur will, under the circumstances, have some difficulty in selecting his

cases. Owing to the favorable results obtained by M. Pasteur, it is proposed to organize a special staff in different localities for the carrying out of his method, and that all medical men should be instructed as to the manner of its employment.

Hayden's Viburnum Compound.

480 ELLICOTT ST., BUFFALO, N. Y., June, 1885.

I have used Hayden's Viburnum Compound extensively for several years in my practice, and find it gives great satisfaction in cases of uterine cramps, cholera morbus, diarrhoea and intestinal troubles, generally acting as an anodyne, antispasmodic and carminative, and I find it very useful in particular cases where the exhibition of opiates is contraindicated.

THOS. J. WALSH, M. D.

Chewing Gum.

The latest popular craze is that of chewing gum. As the male sex has vices enough already, in the way of smoking and chewing tobacco, etc., this habit of gum chewing is confined, as might be expected, principally to women and children. Strange to say, the habit—which we regard as a very pernicious one—received a remarkable impetus from an endorsement by a popular and widely-read "Health Journal," so-called, which said in one of its issues: "The habit of gum chewing preserves the teeth, develops the gums, and should be encouraged." Now the fact is that the Americans, as a race, have the best teeth in the world, and there is no immediate need of depleting the salivary glands and deranging the stomach to preserve either cuspids, bicuspid or molars.

When any part of the animal economy—or rather, we should say, when any organ is stimulated so as to increase its functional activity beyond its physiological needs, there is necessarily a drain, more or less exhaustive, upon the whole organism, and in consequence more or less disturbance of the general glandular apparatus is unavoidable. If the stimulus of the salivary glands induces expectoration it is pernicious; if the increased secretion of those glands is swallowed, it must have an injurious effect upon the stomach by increasing the digestion without a pabulum upon which to act save the stomach itself. It is a well-established physiological law that, normally, all of the alimentary glands act in harmony and

synchronously. The act of chewing not only excites the salivary glands, but also the glands of the stomach, the liver, the pancreas—indeed the entire glandular system connected with alimentation. The purpose of the glands is clearly established. Their products are essential to life, and cannot be wasted or diverted to other than legitimate uses without damage in one way or another. The human being is not a ruminant—a cud chewer. One class of animals cannot adopt the natural habits of another without suffering from so doing. The gum chewing mania should be frowned upon, not only as ungraceful, unnatural, but positively hurtful.—*Med. Era.*

Ether Spray in Vomiting in Pregnancy.

A writer in the *London Medical Record* relates the case of a young woman seized with vomiting of pregnancy, and which resisted all the usual forms of treatment for three months. After everything that had been suggested had been tried in vain, ether spray was directed upon the epigastrium, the result being instant relief. After the first application the vomiting ceased, and on being threatened with it again a month or so later, the ether treatment was reapplied with permanent relief to the patient.

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It is only sufficient for some houses to suggest a new remedy for physicians' use to have the same tested with confidence in the merits claimed for it.

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As opportunity offers we would suggest a trial by our readers.

Doctors' Signs.

We would invite attention to the advertisement of doctors' signs in this issue of the JOURNAL. This firm can furnish fine signs.

Painless Tooth Extraction.

Dr. Hepburn, in the *Independent Practitioner*, says that teeth can be extracted without pain in the following manner: The tincture of purified extract of cannabis indica is diluted with from three to five parts of water. This is applied to the gums by rubbing with the finger dampened with the solution. The forceps are also dipped into the solution before applying them to the teeth.—*N. E. Med. Monthly*.

Melancholia.

Dr. A. S. Defoe, of Washington, N. J., writes that he has found the following to give excellent results in melancholia: R. Valerianates of zinc, quinine and iron, each twenty grains, to be divided into twenty pills. One pill is to be taken three times a day before meals. The drugs should be absolutely pure. Dr. Defoe says he has tried this remedy thoroughly, and finds it a specific for the worry of nervous women and for incipient melancholia.—*Med. Rec.*

Sciatica Relieved by a Single Cocaine Injection.


Dr. W. B. Menz, of Vidalia, La., writes that he was called to a lady, fifty-five years of age, who had been a constant sufferer from sciatica for ten years. The pain was very severe, and extended along the entire length of the nerve. She had run the whole gamut of anti-neuralgic remedies, and had never obtained anything more than very transitory relief. Having with him a vial of a four-per-cent. solution of cocaine hydrochlorate, Dr. Menz determined to try the efficacy of a subcutaneous injection. The hypodermic needle was inserted deeply over the sciatic foramen, and about twenty drops of the solution were passed into the tissues. The pain ceased almost immediately, and during the six weeks that have since elapsed has not returned, although there has been no further treatment, and one injection only was practiced. The relief given by other remedies has never been of more than from two to four hours' duration.—*Med. Record*.

Pruritus, Generalized and Local—Veratrum.

It is a well-known fact that at the period of the menopause it is a difficult matter to calm the pruritus resulting from the presence of prurigo, eczema, urticaria and herpes, where these varieties exist without eruption. Veratrine is a specific in such cases, and when used locally, with precaution, accomplishes wonders. An ointment as follows is most valuable: *R.* Veratrine, 15 centigrammes; axunguæ, 30 grammes. Use a particle locally the size of a small pea.

When the pruritus is general the veratrine should be administered internally in the following doses: *R.* Veratrine, 2 centigrammes; licorice powder, q. s. *M.* Fiat 40 pillules. *Sig.* Two to six pills a day.—(*Lyons Med.*) *Cin. Lan. and Clin.*

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THE AMERICAN MEDICAL JOURNAL.

VOL. XIV.

FEBRUARY, 1886.

No. 2.

ORIGINAL COMMUNICATIONS.

ART. VI.—Inoculation for Hydrophobia.—By ROMAIN J. CURTIS,
M. D., JOLIET, ILL.

Editor American Medical Journal:—I was not a little surprised to see you, in your editorial, relating to inoculation for rabies, so radical in your opposition. As you invite correspondence I will contribute a notion or two on the subject.

Now, the position that this inoculation must be a failure, can only depend on the basis that Pasteur is mistaken, while the position that it is a humbug must, of course, depend upon the basis that Pasteur is an old snide. Of course, this is the only logical conclusion, for the reason that the general principles of immunity from disease by inoculation is established by scientific and practical verification.

The question then is: is Pasteur deceived, or is he another Ferran? Of course, there is the merest possibility of either of these things; and, of course, if either is true, then inoculation for rabies must come to an inglorious end. Pasteur was not deceived in the inoculation for anthrax, nor in his remedy for silk-worm disease, nor in his studies of the diseases of swine, etc. He was straight as a die on all these things. In fact, I have never heard of his making any mistakes.

But granting that the general principles of inoculation are correct, it may yet remain true, that inoculation for rabies may fail because of a difference between its principles and the general principles of that science and art. If the terms of any two propositions are not

alike, of course this difference must show up in a corresponding difference in the results.

As inoculation for rabies is a very important hygienic measure, for the reason that, throughout Christendom, the poorer a man is the more dogs he can love with a love that passes understanding and fades not away, it will pay to study the subject a little from the *a priori* standpoint; more especially as there are varieties of opinion on the subject which must depend upon not fully understanding whether the principles of inoculation for rabies are really like those of inoculation in general, or inoculation in anthrax, small-pox, chicken cholera, pleuro-pneumonia, etc. From these facts it may be of interest to your readers, if I suggest to them the general principles which underly immunity in disease, that they may compare them with the principles of inoculation for rabies.

It is singular, but true, that before this great biological discovery of Charles Darwin of natural selection, that the reasons why one attack of a disease could give immunity from further attacks was not explainable. People have known the fact ever since they observed diseases, and ever since they began the practice of vaccination, but they knew nothing about the underlying principles, or the general law which explained the facts. The same phenomena prevailed in the science of astronomy before Isaac Newton discovered the law of gravitation.

But natural selection being now understood, let us first explain how it gives immunity in disease, and how it gives inoculation the power of preventing disease, and then see if inoculation for rabies is founded on these principles or, if not, then what is the difference. Natural selection is made up of four factors. These are variation, hereditary transmission, sexual selection, and atavism.

Immunity from disease must be explained by these factors, and I think it is true, that if any disease can have its phenomena explained in relation to protection from disease, by these factors of natural selection, then there is something the matter with the phenomena, rather than with natural selection. As a rule, disease is caused by a poison—the poison of a microbe; but it makes no difference, for, whatever the cause may be, whether relating to injury or climate, the same general principles will explain all the immunity there is in any disease, whatever may cause the disease. It is a matter of demon-

stration, however, that zymotic diseases are caused by the poison of microbes.

Now, first, I will show the relation of the action of poisons upon the tissue cells relating to variation, the first factor of natural selection; it being understood that poison causes disease by killing the life of tissue cells—the microbes are obliged to kill the cells in order to consume them.

An opium-eater begins with small doses, as prescribed by a doctor, for pain. In a short time the small dose can be increased; and in time the opium-eater can take a drachm or two of opium or a pint or two of laudanum without getting the poisonous effect. There is some reason for all this, of course, but the text books give no explanation, except to say that the "system" can, under these circumstances, tolerate the poisonous doses of opium. This is all true, but the "tolerance" is not explained. Now, the explanation is that the tolerance is a quality that the cells have acquired by a variation from their more tolerant condition, and this variation was acquired by actual combat with the poison. A variation, whether in cells, or tissue, individuals, or even orders, genera, and species, is always brought about in this way:—there is a struggle or a combat with an enemy—the enemy may be a personal one or a poison, or in any condition of environment. The result of this struggle is inevitably the death of the organism, whatever it may be, or else its variation.

As a corollary to these facts, suppose Socrates had known three months before hand that he was on a certain day to drink a cup of hemlock? Suppose Socrates decided to prepare himself, and had understood all these relations of natural selection? The gentleman would have measured the cup, and finding the quantity, would have set about preparing himself for the ordeal. He would have begun small, as the opium-eater does (and as Pasteur does with the virus of rabies), and took a daily dose of the poison. He would gradually have increased the dose, and established in his nerve cells, through actual combat with the poison, a tolerance by variation of the power of resistance of the cells; and by the time the day of trial came Socrates would have been so fortified that he could drink a "cup of hemlock" before breakfast every day and have been a tolerable philosopher all day; and when the day of execution arrived, the miserable wretches that gathered around to see a philosopher die,

would have seen a hemlock inebriate take his regular morning "eye-opener" and live.

Disease being caused by the poison of a living thing, and occurring in another, a living thing, there is no way of avoiding the application of the laws of natural selection as the explanation. The man who discovered the moons of Mars might as well have ignored gravitation and declared that the orbits of these moons depended upon the redness of the mud on Mars, as might any one attempt to find a new explanation for the phenomena of variations of the cells under the action of poisons—disease poison and others.

The next corollary of variation therefore in disease is that one attack of a disease gives an immunity or a protection from the same disease, and possibly some others, for a time, but not for all time, or for an ordinary life-time. The explanation is easy. One attack of disease is an attack upon the cells by a poison, just as it is when the opium-eater begins to take opium. In due time the cells acquire a variation which enables them to resist this poison, and, of course, while they can resist it, there is manifested the phenomenon of an immunity from this disease.

We now see why inoculation and vaccination protect from disease. The microbes that are inoculated are varieties of the same species in each case which causes the disease. The microbes can undergo a variation in the quantity of virulence, and the meaning of this is that the various methods of culture, attention, modification, dilution, etc., have the effect of producing a variation of the balls of microbe, which is characterized by a power of less virulence, or it has the power of producing a less quantity of the same kind of poison, and, for this reason, it causes a corresponding variation in the disease, and, of course, it causes similar kind of variation in the cells, relating to the power of resistance to the poison. Of course, we all know that the immunity given by vaccination does not last so long as that given by small-pox itself, which corresponds with these facts.

Variations of virulent microbes are brought about in many ways; as we know nature does this work by unknown methods, we encounter at times epidemics of scarlet fever and measles so mild that people voluntarily expose their children and let them take it in the natural way, in order to get protection from the more virulent germ.

The manufacture of "virus" is carried out in many ways. In

small-pox it was found that in nature there was already a variety of the small-pox microbes, and all that was required was to use it. But in anthrax the bacillæ anthrax was cultivated in broth, and by being fed on cooked and dead food, it soon loses its virulence, for the simple reason that it had no need of it, and therefore loses in a degree the power of making it. When it is thus "attenuated" or weakened, or is subject to a variation, it is then used as a virus to produce a modified disease which protects from the more fatal disease.

Now, looking at hydrophobia from the basis of these facts no one could see very easily a solution of the problem of immunity by inoculation; even granting that the microbe were already discovered. The difficult features are that in inoculation, so far as already known, the people or cattle are vaccinated or inoculated before exposure to disease; otherwise the inoculation is of no use. Socrates could not have saved his life after drinking the cup of hemlock, by continuing to drink hemlock in small doses. His salvation by natural selection depends upon drinking the small doses for more or less time first. To be sure people have already quarrelled, some about the propriety of vaccination after exposure to small-pox, but this question can be settled definitely as to argument and time, and fact, if the period of incubation of vaccine is shorter than that of small-pox. Pasteur looked at this subject just as any one else would. He knew that the general unbitten public would not be inoculated against hydrophobia—they would prefer to take their chances with the dog. To make his inoculation practicable therefore his microbe must undergo a variation in two directions—it must increase its power of rapid incubation, and must lose its virulence. He set about increasing the power of the germ in incubation first. Learning that the germ attacked the upper spinal cord, he inoculated rabbits under the *dura mater* and found that by such inoculation he diminished the period of incubation from forty or fifty days, or several months, to fifteen days. If now he continued to inoculate rabbits from the brain of rabid ones to healthy ones, *seriatim*, after twenty-five such inoculations the period of incubation was reduced down to seven days. This was thought to be sufficient, and the next variation, or diminishing the virulence, was accomplished by simply hanging the spinal cords of rabid rabbits up to dry in the air. He found that the virulence of

the germs decreased every day until the fifteenth day when it was altogether lost.

Now, suppose, a man is bitten by a mad dog. At a certain time, after thirty days, he is doomed, other things equal, to have the hydrophobia. He is in the position that Socrates was in after his sentence to drink a cup of hemlock on a certain future day, only Pasteur's method simply proposes that in the case of the bitten man that he shall be treated by small doses of the hydrophobic poison in such a manner that the cells of his spinal cord shall undergo a variation that will enable them to resist the poison of the hydrophobic germ when it has reached the spinal cord (incubated). Socrates, if he could have accustomed himself to the use of hemlock, would have been in precisely a similar position. Pasteur's method then consists in beginning with the least virulent or weakest microbes. He inoculates those that are fourteen days old, next day those thirteen days, etc., until the microbes in the spinal cord of a rabbit that has just died of rabies may be inoculated. When, therefore, the microbes inoculated by the dog, finally reach the spinal cord (incubate) they find the place "well fortified," as Burns said that Death said about Dr. Hornbrook's art, that the microbes cannot poison them, and there is therefore, and by means of natural selection—or specifically, by variation—an immunity of the inoculated person from hydrophobia.

The explanation then must be very clear why it is that Pasteur's inoculation for rabies may be a success, and, as will be seen, the only contingent possible is the necessity of inoculating early enough.

But as this subject of immunity from disease through natural selection, which is really the hygiene of nature, and is nearly all the practical hygiene there is on earth, is therefore a subject of profound interest to all men, I think we will be paid if we continue the matter a little further. The next factor of natural selection is hereditary transmission by descent, (sexual selection being only a supplementary factor.) By this law a variation once developed is transmitted by parents to offspring. The law is found to hold good, no matter what or who the parent is, whether an elephant or a tissue cell. When the tissue cells, therefore, have acquired a variation enabling them, by combat with a poison, to resist the poison by reason of a sequent variation, they transmit this power, in the first place, to their descendant cells. From the basis of these laws we must look still

further along the life of descent. The proof is that the heredity extends further than this—it is also transmitted among the people and other animals in the same manner from parents to children. We cannot expect, however, that when a man has the small-pox and the cells of a part of his tissues acquire an immunity and transmit this variation to their descendant cells for a time, that the power of heredity will be strong enough to give protection to his children as well. But if small-pox attacks them all, generation after generation, it cannot be denied that, under the law, the time will arrive when a generation of these descendants will be able, by their variation, to resist the poison of the small-pox microbe. Providing this process were continued long enough, and, relative to the general public, extensively enough, the logical conclusion would have to be that, one after another, the families, and the communities and people of the earth would gain an immunity from small-pox; and this disease would exist only as a thing of history—as do plague, black-death and leprosy, as well, practically, as epidemics, do scurvy and typhus. Well, we are aware that epidemics have devastated the world for many centuries. If this law of heredity is true, then we ought to see four things—we ought to see the decline of great epidemics, relating to the general public; we ought to see the decline of epidemics or diseases relating to certain families; we ought to see that any given disease declines and terminates spontaneously in each individual; and we ought to see certain organs and tissues exempt in any given disease; and I think all these things are matters of common observation and history. A few years ago nobody supposed that disease terminated “spontaneously” or by “self-limitation,” as the method has been called. Of course, these words that are used to express the fact that disease terminates in a definite duration of time, do not express the method by which this effect is brought about, nor is there such a phenomenon or thing as “spontaneous” or “self-limited.” There is also a method by which is brought about the natural termination of disease, and, I think, that the laws of variation and hereditary transmission can fully explain the phenomenon, as they can explain the phenomenon of immunity; in fact, one of these is the direct sequence of the other and occurs as follows: The tissue cells being subject to a combat with a poison are, many of them, destroyed, of course, but many survive. The survivors acquire a variation

which protects them. They transmit this variation to their cellular progeny, and there being a definite and limited amount of tissue that can be attacked by any given disease agent (the remainder having acquired an immunity by natural selection), the time, therefore, is definitely limited to a certain duration of time, or to a certain "course" of the disease, I say, that the necessary antecedent of the limitation of disease in time, is the fact that in any given disease certain tissues and organs are exempt. There is no way of accounting for this fact except upon the same basis of the same laws, which teach us that these exempted tissues have acquired their immunity by natural selection. Most disease infections of different species have an "affinity" for certain tissues. There is probably no such thing as "affinity" in this relation except from the obverse standpoint, and the difficulty simply is another name for least physical resistance, or at least variation on the part of the diseased tissues, which makes them, considered from the opposite view, more susceptible to the action of the poison.

From this basis of the action of these laws (or their manifestation) upon the individual, the likeness of their action upon the community or public at large is easily seen. To make the terms alike, we will call the community an organism, in the same sense that we say the individual is an organism; and, now, if these general laws and their general relations are true, we ought to find the same phenomena in the community, relating to immunity and natural selection, that we find in the person, and be able to show the relations of analogy between them. If an individual exhibits the phenomena of an immunity from disease, relating to all or a part of his tissues, relating to any given disease, and then the cessation of that disease or termination of its existence, relating to this individual, then we should find these same phenomena relating to the community. When a person has small-pox the skin is only attacked, or, at least, principally. The reason is because small-pox has probably operated on the human tissues for many centuries, and all other tissues have acquired more or less exemption. This same law holds good in all communities, and relating to all diseases. When an epidemic prevails, not all or half of a community will take the disease—even if other things are equal, the greater part will escape. Those who are attacked, suffer because they cannot resist the poison of the microbe, if other things

are equal, while those who escape do so because they, by virtue of natural selection, because they are descendants of families who have come through generations of combat with these poisons, have acquired a variation enabling them to resist the poison. Another feature always is that, so far as these exempted persons go, the disease has no manifestation—and, now, suppose a whole community have acquired, by such means, an exemption from any given epidemic contagion! In such a case there would, of course, be a decline of the epidemic. This fact will enable us to explain the decline of the great epidemics of the middle ages,—sweating sickness or black death, scurvy, typhus and plague. Of course, “sanitation” is a factor having more or less to do with all these phenomena, but alleged sanitation is, and always has been, a very small and insignificant affair, as it certainly is now. All sanitation, in addition to the imitation of nature’s method of immunity, by natural selection (inoculation), aims to strengthen in a general, but not specific, direction the physical resistance of people to disease, and aims to cause a variation, by starvation, of microbes, or aims (by quarantine, etc.) to prevent their diffusion. Now, everybody knows that these methods, as practiced, are, if not usually deliberate frauds, at least, inefficient. As a general thing they are deliberate frauds, for the reason that some human interest will interfere, and the executors of sanitary laws are politicians. The great epidemics declined then by reason of variation and hereditary transmission, or by reason of the acquirement of the power of humanity to physically resist their poisons. The next factor of significance in natural selection is atavism. The meaning of this is that when any cause of any variation of any organism is removed that the organism will lose its variation, and, if other things are equal, will revert back to its original type, or the type of its ancestor. Now, unless the phenomena of disease and immunity from disease correspond with the law of atavism, the whole theory must collapse. Examining the subject we will find that all these phenomena do correspond to, and are subject to, the law of atavism. The rhythm of epidemics depends upon the laws of atavism; at least as one factor of the problem. We all observe that the immunity, given by vaccination, does not last. It soon runs out and must be followed by vaccination. Even the sanitary government of Illinois is acquainted with this fact. The reason why this is true must be very clear. The cells acquire an

immunity through variation by combat with the vaccine virus. This immunity, of course, though it may be sufficient, is not so great, nor is the variation so great, as that following small-pox, and hence the protection given by vaccination is a very evanescent affair.

In conclusion I must say, what must be apparent to every man, that there is no comparison to be made between Pasteur's inoculation for rabies and the use of the mad-stone, except that both are used for the same purpose so far as intentions go. But here the analogy ends. There being unscientific data attached to the use of the madstone, there is no basis on which to estimate their relative value or results—because one has but one result, and because there is no likeness between them. It does not follow because a madstone is used for rabies and fails because it is a humbug, or is a humbug because it fails, that Pasteur's inoculation is, therefore, a humbug even if it fails. Not all failures are humbugs. All men in America are born politicians and their objective point is the White House, but those who do not reach the objective point are not therefore humbugs. But if people set up a wooden man, and claim the wooden man to be a politician, and his destiny the White House, this wooden fellow would be a humbug, intrinsically, for everybody knows that no wooden man was ever president of the United States. Here is just the logical distinction. When a man reasons by analogy the terms of his two propositions, which he always uses, must be alike. If the terms or any factors are different, then there is not necessarily a likeness in the conclusions and the logic is vain. There is nothing about a madstone that is like inoculation.

As I said at the outset, Pasteur may be mistaken. He may possibly be dishonest, or possibly be insane, but as he has explained his process, his *a priori* position is sustained in every factor by the laws of natural selection relating to the immunity from disease, and the after proofs are sustained by the record of nearly 130 cases of apparently successful inoculations.

ART. VII.—Constipation in Relation to Melancholy.—By LEMON T. BEAM, M. D., JOHNSTOWN, PA.

Constipation is held by the alienist as always a factor of special gravity in a case of insanity. The data of alienism, it would seem, justifies this conclusion. Although it is, as a rule, very dangerous to

make a sweeping assertion founded upon merely the colligation of facts, yet it is probably quite safe to say that the form of insanity designated as melancholy (or *melancholia*, as it is generally termed by the alienist) is invariably accompanied by constipation. However, while it is not held as a cause, and much less as a sequence, yet it is estimated as a very conspicuous feature of the malady; and, in the form most generally observed by the writer, *chronic melancholia*, the constipation has been commonly very intractable.

The position taken as to the relation of constipation and melancholia is that they are the obverse and reverse sides respectively of the same bodily condition. When there is feebleness and want of momentum in the currents of energy emitted from the gray matter of the highest nerve centres, this defect has a subjective accompaniment in mental depression, and issues objectively in that general lethargic inactivity that characterizes conduct in melancholia; when the same deficiency of action occurs in the nerve centres that set going the intestinal movements, it results in constipation and its attendant deficiencies of function.

The connection of the digestive function with the function of the highest nerve centres is most intimate, and, at the same time, most obscure. Dr. Fenwick speaks of the gloom and irritability that accompany habitual constipation. Niemeyer remarks on the frequency with which melancholia accompanies the same malady. Again, he says, that in chronic intestinal catarrh there is almost always great mental disturbance. "The patients either occupy themselves entirely with their physical state, and have no brains or time for anything else, or they are subject to a total indifference or despair." I have seen a general discouragement, and under-valuation of mental power, despair as to business, etc., induced by constipation, and have seen these symptoms disappear on the cure of the disease. In point of practical importance the efficiency with which the digestive process in its entirety is carried on is the main thing to be determined in such cases.

The estimation of the digestive function in this connection is important, because the accumulation of waste-products in the blood, which failure of this function produces, may directly induce alienation. It is important, again, because the condition of the digestive processes, more especially in middle life, is an index, if not to the

amount of, at least to the tendency towards, degeneration, not only in the digestive apparatus, but in all the tissues throughout the body.

Gastric and intestinal defects comprising perversions of absorption, assimilation, and excretion, with the morbid blood states they create are preëminently causes of disorders in the highest nerve centres, and of secondary pathological changes in various parts of the body. This results by virtue of the office of the digestive apparatus, which is the *fons et origo* of nutrition and continued life.

In considering the question of constipation in its relation to melancholy, the estimation of the state of the blood and of its circulation, and more particularly the efficiency with which the peripheral circulation is carried on, is a point to be determined. That the normal working of the brain and lower nerve centres depends on an adequate supply of nourishment, and that this again depends on the integrity of the digestive functions, is the most fundamental aspect of this connection and relation.

It is readily conceded that the amount of nutriment added to the blood may be miserably deficient in quantity and inferior in quality, without any very marked deterioration of the action of the nerve centres beyond a simple diminution of activity. It is also readily granted that the manner in which the digestive function is carried on—the condition not merely of the processes of assimilation, and of excretion, which is its outcome, but of all the contributory processes—is bound up with the mode of action of the superior nerve in an intimate corrélation of which the *rationale* is extremely obscure. All writers on insanity, however, insist upon the close association of chronic melancholia with constipation, as a result of failure of the digestive function; so much so, that the treatment *secundem artem* is directed mainly to restoration of this function, and experience shows that as this yields to treatment the mental condition improves. An ancient writer (Rhazes, A. D. 850) has recorded his experience as follows: "Make a melancholy man fat, and thou hast completed the cure." If the constipation proves insurmountable, the mental condition is hopelessly beyond cure.

Alienists find that chronic mental depression is invariably associated with chronic gastro-intestinal torpor.

Physicians find that with chronic gastro-intestinal torpor there is almost always great mental depression—gloom and irritability are almost invariable accompaniments.

Now what is the manifest and unavoidable inference from this remarkable consensus of observation from two different sets of sources? Is not the inference inevitable that chronic melancholia and chronic gastro-intestinal torpor (constipation) are different aspects of the same malady?

What are the most constant and most reliable symptoms of melancholia? Not headache; not delirium; not fever; not paralysis; not convulsion—not any symptom distinctively characteristic of, nor directly referable to, cerebral disturbance; but constipation, and a sunken belly. The very *names* of the two chief forms of mental alienation and depression, *hypochondria* and *melancholia*, indicate that many centuries ago there was some dim recognition of this association between the abdominal functions and mental states. At the present day its validity is maintained no less by the special data collected by the alienist than by the common experience of the profession in general.

Shakespeare wrote :

“Let me have men about me that are fat: sleek-headed men, and such as sleep o’ nights.”

Again :

“What doth ensue
But moody and dull melancholy
(Kinsman to grim and comfortless despair),
And at her heels a huge infectious troop
Of pale distemperatures and foes to life.”

I do not wish to be understood as advocating the idea—and I protest strenuously against the view—that constipation is the primary cause of melancholia. I would say, however, that those cases in which the superior nerve centres are most deficient, or most conspicuously deficient in the amount and grade of activity, come under the care of the alienist and are called melancholia; while those in which the deficiency of the lower centres is the most prominent feature come under the care of the physician, and are termed chronic constipation; but the fundamental nature of the malady is the same in both. The same tissue is at fault, and the fault is of the same nature in both. A similar view enables us to connect together the obstinate constipation of old age with the general subsidence of bodily activity, and with the mental decline that occurs in

advancing life, and to assimilate this whole group of changes to that of melancholia.

There are other aspects, in this connection, of the association between abnormal conditions of the digestive viscera and disturbance of mind which will be noticed briefly. When a child is whining and fretting, its mother says that "its stomach is out of order," and gives it a purge; and her opinion and practice are commonly justified by the event.

A nightmare is held to be sufficiently accounted for by an indigestible supper. The chronic dyspepsia from which Carlyle suffered is adduced in apology for his morose disposition. His existence must have been embittered by it when he penned the following: "The accursed hag, dyspepsia, had got me bitted and bridled, and was ever striving to make my living, waking day a thing of ghastly nightmares." The author of the well-known works on Physiology, the late Dr. Carpenter, wrote: "Melancholia and jealousy have a tendency to increase the quantity and to vitiate the quality of the of the *biliary* fluid." There is much reason to believe that all the secretions concerned in the reduction and disposition of the food (such as the *salivary, gastric, biliary, pancreatic, and intestinal* fluids) are greatly influenced and affected by mental states. "The secretion of bile," continues Dr. Carpenter, "on the other hand, is entirely suspended by powerful mental emotion, from the well-known influence which this has in suspending the digestive process when in active operation." Impaired nutrition is often the direct outcome of mental disturbance. Worry, anxiety and "carking care" may produce a severe and even a fatal disturbance of the organic functions. Perhaps, on the other hand, the disorder of the organic functions may be the primary source of the mental disturbance more commonly than its consequence; but it is certain, whatever the source, that the indulgence of these feelings produces a decidedly morbid effect upon the nervous system by impairing its healthy nutrition. Again, on the other hand, a cheerful state of feeling, pleasurable emotions, promotes the secretion of all the gastric intestinal juices, or other secretions concerned in the reduction and appropriation of food.

The mental relationships of chronic gastro-intestinal torpor are very interesting in relation to this subject. "Constipation," as well

expressed by Trousseau, "greatly interferes with intellectual work, remedies the expression of the thought, and when the difficulty is habitual, the disturbance of the digestive functions assumes the character of melancholy and hypochondria." There are actions and reactions within the complex microcosm. The associated relationships betwixt the brain and the digestive organs are most intimate and interesting; and the organic nervous system has not been denominated "the sympathetic" without good and sufficient reasons. Disturbances in the abdominal viscera disorder the brain directly, as well as by the abnormal products which reach it through the blood. The morbid condition reacts through the agency of the sympathetic nerves, and creates directly the mental depression and distress.

Leaving this aspect of the subject, let us see what experience teaches, in actual practice, with respect to constipation in relation to melancholy. From my "Case Record" I condense the history and treatment of a case coming under my own observation, as follows:

In May, 1880, I was invited to visit Mrs. K. Her husband (who acted as messenger) stated that she had been under the care of a physician ("Regular"), who pronounced her disease to be a "brain trouble," and for which he had been treating her continuously for four or five months. I was also informed by the husband that she was in a state of hopeless mental depression and helplessness, and that her removal to an asylum was contemplated. Her age was 40; was the mother of four healthy children. She had a kind husband, and every comfort and luxury she might desire. She had enjoyed good health until within a year; possessed a cheerful disposition; was interested in the duties pertaining to her domestic, social and church relations.

But, as her history revealed, "constipation," accompanied by its usual "dyspeptic" symptoms, set in, by which she generally had her natural gaiety obscured, became sober and reserved, without either expressions of sorrow or nervous manifestations of the hysterical order, and for five or six months had lapsed steadily more deeply into a state of profound apathy and gloom. All the while the constipation persisted, either by neglect or maltreatment, and as J. Milner Fotheringill pointedly says, "so long as constipation is permit-

ted to continue, so long will dyspepsia persist." As the morbid condition advanced, she declined conversation, ignored her husband, exhibited neither interest nor care for her children, was indolent, leaving her bed only on compulsion, often forcibly lifted from it and dressed by her mother or other attendant. She ate but little; sat in a state of semi-stupor until returned to her room and bed. When I examined her I found her in fair flesh; her complexion muddy; eyes dull, but the pupils and retina were normal. She was free from pain in the head or spine; her features were blank, or masked, with a faint underlying expression of helpless distress; hands and feet cool and clammy. The tongue heavily coated; breath loaded with fæcal exhalation; the urine stated to be free, but the bowels still obstinate, constipated, moved only by cathartics which she often refused. The heart, lungs and kidneys were normal, and as she was free from menstrual irregularity, leucorrhœa and lumbar pains, the uterus was assumed to be normal.

Diagnosis.—Melancholia; the *cerebral* symptoms subjective, due to chronic gastro-intestinal torpor and azotized matter in the blood.

Treatment.—Believing that her "brain trouble" resulted solely from malnutrition, by reason of the circulation of azotized matter in the cerebral vessels, due to constipation, I prescribed an effective dose of granules of pod. comp., which, with the aid of an enema, promptly emptied the intestines. The effective unloading of fæcal matter was followed by the use of smaller doses of the granules, to still further influence the engorged viscera, and encourage them to "give down" the remaining excretory matter. With other encouraging attentions, this course gave a marked, though but temporary and partial, relief to her symptoms. A load was removed from the mind, as well as from the bowels, and the *confident expectation* excited thereby became remedial in checking a morbid action. I prescribed further: *R.* Fld. ext. casc. sag., ʒij.; glycerin, ʒj.; tr. bellad., tr. nux vom., aa ʒij. *M. Sig.* One teaspoonful night and morning, gradually decreasing the dose as the intestinal tract assumed a more normal action. Tincture of calisaya and alnus, alternated with solution of lactophosphate of lime, were also used, and as she *tired* on the cascara mixture after ten or twelve days use, I substituted the following: *R.* Ext. nux vomica, gr. v.; ext. colocynth comp., pulv. aloes, aa gr. xv.; ext. belladonna, gr. vij.; ferri

Fluid Forms of Hydrastis.

The reputation of this drug as a therapeutic agent was first gained, through its employment in the form of an *infusion*; and in the fifty years following its introduction into medical practice, a continuous effort has been made by manufacturers to perfect a preparation which would represent all the active principles of the drug, without the high price of the salts, either alone or in combination.

The most prejudiced writers on *Materia Medica*, accord to the late Wm. S. Merrell the largest share of credit in the introduction of Hydrastis preparations, and to the present organization the reputation of being the *largest consumers of the drug in the world*. For more than a half-century, Hydrastis has been made a study in our laboratory, and we do not think we exaggerate its importance when we assert that, it stands pre-eminent to-day as the most valuable exponent of our vegetable *Materia Medica*.

The following preparations *in fluid form* are receiving our special attention at this time:

Fluid Hydrastis—MERRELL.

Is what its name implies—the active, medicinal principles of the drug in natural combination and in a fluid form. It has a bright, yellow color, perfectly clear, free from sediment, and with an unmistakable odor of the *fresh drug*.

Fluid Hydrastis is a pure, neutral solution of all the alkaloidal constituents of the drug, rejecting the oil, gums, irritating and offensive resins, and inert extractive matters. The success attending its introduction is the best evidence of its therapeutic value.

Unsuccessful imitations and would-be substitutes are met with on every hand. Preparations said to be “just as good” or “about the same thing,” but always “a little cheaper,” attest the wide spread and growing popularity of Fluid Hydrastis. All such, compared with the latter as to physical appearance or as representatives of the drug, *are condemned*; dispensed in prescriptions, *they are readily detected*; tested therapeutically, they are *promptly rejected* as unworthy of confidence.

Fluid Hydrastis is applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

This statement of a well-know medical writer and journalist has become axiomatic:

“No remedy for physician's use has been received with such universal approval.”

Solution Bismuth and Hydrastia—MERRELL.

An invaluable and scientific combination, wherein the beneficial action of the white alkaloid is increased by association with Bismuth. This solution contains $2\frac{1}{2}$ grains of the double Citrate Bismuth and Hydrastia; twenty-five per cent. of which is Hydrastia Citrate.

The cordial reception accorded this preparation marks it as the most valuable combination in the market in which the white alkaloid alone represents the valuable properties of the drug. Used in diseases of the nasal passages, of the eye, of the throat, of the stomach and intestines, of the reproductive organs and bladder, it is equally beneficial.

Colorless Solution of Hydrastia—MERRELL.

This is a permanent solution of the white alkaloid, without the addition of any other medicinal agent to modify or increase its action. It is offered without special recommendation to meet the views of a limited number of physicians, with whom the color of the Fluid Hydrastis is an objection. This solution contains in one fluid pint, the same proportionate strength of white alkaloid as exists in an average quality of crude root.

See notes above on Solution Bismuth and Hydrastia.

“Merrell's Hydrastis Preparations” are for sale by Wholesale Druggists throughout the United States. Please specify “Wm. S. M. Chem. Co.” in ordering or prescribing:

The Wm. S. Merrell Chemical Co.

—CINCINNATI.—

FINE SPECIALTIES

—OF—

THE WM. S. MERRELL CHEMICAL CO.,
CINCINNATI.**Hydrastia Sulph. (Berberina Sulph.)—Merrell.**

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	2½ gr. to 1 oz.
" " " Hot Water,	12 " 1 "
" " " Alcohol,	1 " 1 "

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.— $\frac{1}{4}$ to $\frac{1}{2}$ grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

R Hydrastia Sulph. pure,	grs. x.	} Mix.
Mucilage Acacia,	oz. i. j.	
Aqua Rosæ,	oz. iv.	

Use $\frac{1}{4}$ oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

R Hydrastia Sulph. pure,	1-20 gr.	} Make one pill.
Podophyllin,		

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastia."

Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In *Diphtheria*, *Bronchitis*, *Pneumonia* and *Laryngitis*, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

Concentrated Nitrous Ether.—Merrell.

For extemporaneous preparation of Spirits of Nitrous Ether, U. S. P.

Pepsin. (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Boro-Glycerine.—Merrell.

The new Antiseptic. Solid and Solution. *Solid*, contains 92 parts Pure Glycerine and 62 parts Boracic Acid. *Solution*, 50 per cent., contains one-half an ounce solid Boro-Glycerine to each fluid ounce of liquid.

Solution Bismuth and Hydrastia.—Merrell.

Colorless, and highly perfumed. A solution of the double Citrate of Bismuth and Hydrastia (*White Alkaloid*), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2½ grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid, (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen). Salicylic Acid from Wintergreen is *less irritating* and better borne by the stomach when used internally; and as an external application is *more bland* than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

Tincture Gelsemium.—Merrell.

Green Root only used. A specialty which we since its first introduction in 1862. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the *Materia Medica*.

Send for circular giving "Special Therapeutics."

Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to *color* and *flavor*; characteristic richness as a *nutritive food* or per centage of *active Diastase*.

Liquor Secalis Purificatus.—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for *Hypodermic Medication* and *topical application*; for which purposes the Official Fluid Extract is not admissible.

sulphas (exsis), gr. xv. M. Fiat pil. No xx. One pill to be taken at bed time. Injections of cold water were used for a week or more, when astringent injections were substituted, as the cold water lost its power to rouse the intestines. In a case of habitual constipation the muscular fibres are in a state of atony, thereby lengthened, softened and deprived of their contractile power. *Warm water* injections should never be given in such cases, but *cold* injections may be given with advantage, as they rouse the sensibility and contractile power of the intestine. In persons that have long suffered from constipation, particularly females, the rectum forms, above the sphincter, a pouch, sometimes of considerable size, in consequence of distention from accumulated fæces to which the coats of the bowels have been subjected. Astringent injections into the rectum cause corrugation of the muscular fibres of the bowels, and thus diminish the cul-de-sac spoken of. Such injections are especially useful with persons who, having their bowels relieved only once in six or eight days, void, after painful efforts which can be compared to nothing but a sort of parturition, an enormous mass of hardened and dry fæces. These astringent injections may be infinitely varied; they may be composed of oak bark, catechu, alum, etc. But we cannot here give a resumé of all the measures used in the case in hand, nor the *rationale* as to their action. The skin received attention by the use of an *alkaline-stimulant-bath* at bed time, with friction of the entire cutaneous surface on *rising* and *dressing* in the morning—which latter was positively commanded, and out-of-door exercise and diversion insisted upon. She was instructed as to diet; as to *how*, and *when*, as well as to *what*, she should eat and drink, and she, being an intelligent lady anxious to get well, and inspired with confidence in the treatment, she rapidly recovered; soon walked in her dooryard, later to a friend's, and at the end of one month called on me at my office, conscious of her improved health. In a month more she was well; has remained so up to the present time, a lapse of more than five years.

In concluding, I would say the case just detailed is but one of many that could be cited in illustration of the fact, not recognized as it should be, that functional derangements often stimulate the most alarming and hopeless organic diseases.

ART. VIII.—Paralysis.—Its Different Forms.—Medical and Electrical Treatment.—BY GEO. C. FITZER, M. D.

By the term paralysis, or palsy, we mean a partial or complete loss of sensation and the power of motion. A paralysis is rarely general and complete, and when such a condition does obtain, death is inevitable. In the majority of cases, where the whole body is affected with paralysis, it is not complete; motion and sensation may be greatly impaired, but not entirely lost. Quite often we see but one side of the body affected, the other side remaining sound. We call this hemiplegia. In other cases the lower half of the body only is involved, when we say the patient has paraplegia. Again, we not infrequently see cases of paralysis limited to a single limb or member—the arm, tongue, eye, face, etc.

In a few cases of local palsy, as in general paralysis, the loss of sensation and power of motion in the paralysed part is complete, while in others it is only partial.

“In the greater number of instances, sensibility and motion are simultaneously lost or impaired; but not unfrequently one property is affected without the other; or the two are affected in different degrees. When motion is lost without the loss of sensibility, the affection is sometimes called *acinesia*. Instances of this variety of palsy have been noticed, in which the sensibility has been exalted, at least the susceptibility to painful impressions. More rarely, there is a loss of sensibility, with retention of the power of voluntary motion. Such cases are designated by the term *anæsthesia*. This affection occurs most frequently in the organs of sense; as in the eye, for example, in which the nerve of vision may be paralysed, and yet the ball may obey the muscles, and in the tongue, in which taste may be lost, without any defect of movement. These, it may be said, are cases in which the part really paralysed is a mere organ of sense, and has no inherent power of motion to be affected. But there are cases in which paralysis of sensation is attended with the power of voluntary motion, even though nervous influence is transmitted through the same nervous cords. Thus the hand may be deprived of feeling, yet the fingers may move under the will, but, in such instances, it is necessary that the attention should be strongly directed to the act, and it is said that the patient must see the limb that he attempts to move.

“In most cases, palsy is a mere symptom of a morbid state existing in some other part than the one apparently affected. It may depend upon disease, either in the nervous centres, incapacitating them for the reception of impressions or the origination of influence, or in

the conducting filaments which form the communication between all parts of the body and these centres. But it may also be strictly local, and depend on an altered state of the terminal nerves. The nervous centres are probably in the gray matter of the brain; the spinal marrow, and the ganglia; the conducting filaments probably make up the white matter of the brain, spinal cord, and nerves. It follows that the true seat of the disease may be in the encephalon, and spinal marrow, the conducting nerves, or the nervous ramifications of the paralysed part.

"Palsy may come on suddenly or gradually. In the latter case, the paralytic phenomena are usually preceded by deranged sensations, such as prickling, formication, coldness, weakness, &c.; feelings which are ordinarily indicated when a part, as the foot or hand, is said to be asleep. A large portion of the body may be attacked at once; or the affection may begin in one small spot, and gradually extend more or less over the system. In the latter case it is called *creeping palsy*. Not unfrequently the paralysis, in its incomplete state, is attended with tonic or clonic spasms, which sometimes amount, in the one case to convulsions, in the other to tetanic rigidity. In some instances, there is permanent flexion of the limbs, with stiffness of the joints. Pains in the palsied part are not uncommon. They may be slight and dull, or sharp and lancinating. The limb generally wastes, the muscles become flaccid and diminish in bulk, the skin is pale, the circulation is usually more languid than in health, and the temperature is somewhat lowered. There is a diminution of the power of regulating temperature, so that the part becomes colder or warmer more easily, according to the degree of heat of the surrounding medium. The atrophy is ascribable partly to want of use, partly to the diminution of the nervous influence necessary for the perfection of the organic actions; and, as this influence is supplied more especially by the spinal marrow, paraplegia, which usually depends on lesions of that structure, is more apt to be attended with atrophy, than hemiplegia, which generally originates in the brain. From obvious causes, the palsied limb sometimes becomes edematous (swollen). The system is variously affected, according to the character of the lesion upon which the palsy depends: but the general tendency of the complaint is to produce a feeble state of health, consequent, probably, in part at least, upon deficient exercise. The mind is also very often weakened, but rather as a result of the cerebral disease which produces the palsy than of this affection. The memory is very apt to fail, especially for recent incidents, and for words. Sometimes there is a striking change of temper; good-natured persons becoming peevish, fretful and very troublesome, while those before haughty or irascible, become gentle, meek and amiable. There is a strong tendency to the feeble emotions; and paralytics are apt to shed tears upon slight occasions. It is said

that palsy is now and then regularly periodical in its attacks, with perfect intermissions.

"The character of the paralytic symptoms often affords a certain degree of evidence as to the special origin of the affection. Should the palsy be incomplete, and attended with clonic spasm or convulsions, we may infer the probable existence of cerebral or spinal meningitis. Should it come on gradually, and be attended with rigid muscular contraction, especially of the flexors, there may be reason to apprehend the existence of cerebral or spinal softening. Sudden attacks, as quickly disappearing, without obvious dependence upon some other cause, may be referred to congestion. Similar attacks, preceded by signs of congestion in the brain or spinal marrow, and having a certain degree of persistence, and especially when attended with apoplectic symptoms, may be considered as probably the result of hemorrhage.

"To complete an account of the symptoms of palsy, it will be necessary to notice its several varieties, both in reference to the position, and to the nature or origin of the affection.

"*General Palsy.*—This may depend on disease of the brain, or of the cervical portion of the spinal marrow, or upon some cause affecting the whole nervous system without obvious lesion. It is in some instances quite sudden, as when dependent on injury of the brain or upper part of the spinal marrow, or upon apoplectic effusion. In other cases it may be slow, beginning in some one point, generally in the extremities, and advancing with greater or less rapidity until it involves most of the voluntary muscles, and perhaps at last putting an end to life by paralyzing respiration. It is exceedingly painful thus to see the disease rising irresistibly upward, like the tide around an individual unable to change his place, and drowning him at last by the mucus of his own lungs, which the palsied muscles have not strength enough to expectorate. It is wonderful, however, to what an extent general palsy sometimes proceeds without immediately destroying life. Voluntary motion has been almost completely lost, and several of the senses paralysed, so as nearly to shut out communication with the exterior world; yet the organic actions have been maintained for a considerable time. In the end, however, deglutition becomes involved, the sphincters give way, and, if asphyxia or syncope do not result from the participation of the respiratory and circulatory organs in the disease, the patient sinks under a general failure of the vital functions. Yet the disease is not necessarily fatal. Sudden cases, dependent on sanguineous congestion, sometimes get well, and the same event may occur after effusion of blood, though recovery is tedious and generally imperfect. The most discouraging cases are those which begin at a point, and gradually spread over the system. They usually indicate serious lesions of the spinal marrow, advancing until most of the cord becomes involved. Yet even such cases have recovered.

"*Hemiplegia*.—This is a palsy of one side of the body, and is most frequently an attendant upon apoplexy, and, even when not accompanied by comatose symptoms, generally depends upon cerebral hemorrhage. It may, however, arise from lesions of the spinal marrow. Sometimes it begins in one of the extremities, and thence slowly advances until the whole side becomes affected; but, in the great majority of cases, the attack is sudden. The leg, the arm, the trunk, and the face, may all be involved, even the intercostals of the affected side; and both sensation and motion are usually impaired or lost. The line between the diseased and sound side often precisely follows the median line; even the tongue and lips being half paralysed. It often, however, happens that different parts are affected in different degrees; and, in such cases, the lower extremity, as a general rule, is less diseased than the upper. Patients often recover from hemiplegia, sometimes completely and permanently, but much more frequently only partially. The lower limb almost always recovers its power before the upper, and not unfrequently the patient is able to walk, while the arm hangs useless by his side. Unless the symptoms disappear speedily, indicating a mere congestion as the cause, the amendment is usually very slow, and the patient, though he may sometimes be restored to activity and usefulness, more frequently remains with impaired powers of mind and body, and almost always carries to the end of life some remnant, less or greater, of the attack. The disease, moreover, is very liable to return.

"*Paraplegia*.—This is a palsy of the lower part of the body, and may affect only the lower extremities, or may involve also a part of the trunk, the paralysis being bounded above by a transverse line. It generally proceeds from lesions of the spinal marrow; but sometimes has a cerebral origin. In the former case, it is generally attended with some direct evidence of disease in the spine, such as pain, tenderness on pressure, or deformity; in the latter, with headache, vertigo, disordered vision, tinnitus aurium, &c. Occasionally its attack is sudden; but in most instances it comes on slowly, commencing with sensations in the lower limbs before alluded to as frequent precursors of palsy, such as tingling, &c., with slight muscular weakness, evinced by unusual fatigue after exertion, and some unsteadiness in the gait. As the affection increases, the patient walks with gradually increasing difficulty, seems to drag his feet along the ground, often stumbles, and requires the aid of another's arm to support him. At length he loses all command over the limbs, and is confined to his chair or bed. Not unfrequently he complains of the want of proper feelings when his bowels or bladder are evacuated; constipation and retention of urine take place, requiring enemata and the use of the catheter; and finally the sphincters give way, and incontinence is added to his other troubles. It has been observed

that the urine is apt to be offensive, alkaline, ropy, and much disposed to the deposition of inorganic matters; a condition of things probably owing to the defective innervation of the urinary organs. Sloughing of the back and hips usually takes place before death, which occurs as the result of long continued exhaustion. It is an interesting fact, that, by tickling the sole of a paraplegic limb, or otherwise irritating it, involuntary contractions of the muscles may sometimes be produced; though they utterly refuse to obey the will. This is ascribed to the reflex action of the spinal centres; and may take place, it is asserted, when all communication is cut off with the brain, by complete destruction of the spinal cord at some point above the origin of the nerves of the limb.

"When the result of acute myelitis, paraplegia may have a rapid course; but it is usually chronic, and not unfrequently continues for years. Sometimes it appears to be purely functional, depending upon debility of the spinal centres, whether from over-excitement through venereal excesses, severe muscular exertion, the abuse of ardent spirits, &c., or from some direct sedative agency, as that of cold.

"In its early stages, paraplegia is often cured; but when it is far advanced, with complete palsy of the limbs, involving the rectum and bladder, the prognosis is unfavorable. It is important to attend to the first signs of tingling, numbness, and weakness of the limbs, and to address the remedies efficiently to the seat of the lesion.

"*Local Palsy.*—Local palsy is exceedingly diversified in position, degree and character. It may affect one limb, a portion of a limb, a single muscle, or a number of muscles associated in a particular function, as, for instance, deglutition and voice; it may be complete or partial; and finally it may affect motion exclusively, or sensation exclusively, and the sensation affected may be general or special. It is unnecessary, nor would our space permit us, to follow it in all its diversities. There are, however, some points of interest on which it is proper to touch.

"The *face* is sometimes the exclusive seat of palsy. Generally only one side is affected, and that variously. The disease may originate in a cerebral lesion, or in some injury to the nerves of the face in their course. The *portio dura* governs the general movements of the face; and paralysis of that nerve involves the loss of command over the features. In such a case, even when the countenance is at rest, there is a slight difference between the opposite sides; as a sound muscle is scarcely ever so thoroughly relaxed, as one that is perfectly paralysed; but this difference becomes very striking when the patient smiles, or in any other way moves his features. In doubtful cases, the paralysis may be at once detected by inducing the patient to smile or laugh. When the disease is confined to the *portio dura*, sensation remains in the face, and mastication is not

affected; as the masseter and temporal muscle derive their nervous influence from another source. Should the *fifth pair* be diseased, there is then palsy of sensation, with or without deficient power of mastication. One-half of the face is insensible to the touch, and the lip is equally divided between the morbid and healthy state. Hence, when the patient drinks, he receives the impression that the bowl which he puts to his lips is broken. The fifth pair of nerves appears to have two roots, like the spinal nerves, one being exclusively sensorial, and the other motor. It is the latter which supplies the muscles that close the jaws, which may therefore be paralysed when the whole of this nerve is affected, or may escape, if the disease be confined to the sensorial portion. Occasionally the paralysis of sensation is confined to one small isolated portion of the cheek. This I have seen in a case of severe facial neuralgia.

"The eyelids may be paralysed so that they cannot close, or cannot open, under the influence of the will. Palsy of the muscles of the ball occasions strabismus. There may also be a loss of general sensation in the eye, so that the conjunctiva shall cease to feel the contact of irritating substances. Under these circumstances severe and even disorganizing inflammation of the organ is apt to occur.

"The muscles of *deglutition* are sometimes exclusively affected with palsy; as also are those concerned in the formation of *voice*. In some instances the disease is confined to the tongue, in which case the patient, without losing his voice, is unable to *articulate*. He can make a sound, but he cannot speak.

"There may be exclusive palsy of the *rectum* or of the *bladder*, leading to constipation and retention on the one hand, or to incontinence on the other, according as the sphincters may or may not be involved.

"The organs of special sensation are not unfrequently paralysed; and the same general observations in relation to the real seat of the disease apply to them, as to the parts already referred to; that is, the paralytic affection may originate in the nervous centres, the connecting nervous cords or filaments, or in the nervous expansion of the several organs. Paralysis of sight is called *amaurosis*, and is usually treated of in works upon the surgery of the eye. Loss or diminution of the sense of smell is named *anosmia*. It may depend on disease at the source of the olfactory nerve, in its course, or in the pituitary membrane itself. The abuse of snuff is said sometimes to induce it, by wearing out the excitability of the nerve. It may be produced also by chronic inflammation of the membrane. With some it appears to be congenital. Paralysis of taste is occasionally met with. The temporary loss of taste arising from inflammation of the tongue, or a coating of fur upon its surface, scarcely deserves this name. The true palsy of the function is connected with an altered condition of the proper nerves of ~~taste~~, or of the centres from which

they proceed. Both in this affection and in anosmia, the general sensation may remain; so that irritant substances shall occasion uneasiness, though odours and tastes, even of the strongest kinds, may not be perceived. *Deafness* or *cophosis* may be a paralytic affection, though not necessarily so. Thus, when it depends upon stoppage of the Eustachian tube or external meatus, or inflammation of the tympanum, it has no relation to palsy. The true paralysis of hearing may be cerebral, may be produced by injury of the nerve of hearing in its passage into the temporal bone, or by disease affecting the nervous expansion within the cavities of the petrous portion. As in all other forms of palsy, the affection may be organic, or merely functional. As to palsy of the sense of *touch*, all that could profitably be said, on the present occasion, has been embraced in the preceding observations. Strictly speaking, the nerves of touch are probably distinct from those of general sensibility, and there may be palsy of one without a similar affection of the other. Thus, when the sense of touch is quite lost in a part, so that the shape and other sensible properties of a body cannot be appreciated, the sensibility to pain not unfrequently remains; while, in the state of artificial somnambulism, we occasionally observe a complete loss of sensibility to painful impressions, though the sense of touch may be acute. Yet the two generally go together; and I do not know that any therapeutical advantage can accrue from separating them.

"Shaking Palsy.—Paralysis Agitans.—This affection is characterized by a continued tremulousness, generally first observed in the upper extremities and the head, but extending in a greater or less degree over the whole body. It is most striking in the hand. In the beginning it is little noticed, unless upon the occasion of some unusual exertion or mental emotion; but in the end it becomes constant, and continues even during sleep, with which it sometimes interferes by its violence. The muscular debility gradually increases, until at last locomotion becomes impossible, and articulation and deglutition difficult; the patient loses command over the sphincter muscles; and, coma or mild delirium supervening, the case terminates in death. The disease affects especially the old, and those worn out by excessive intellectual or corporeal labour, intemperance in drinking, and other sensual indulgences. Some constitutions are strongly disposed to this form of palsy, and fall into it without any exciting cause.

"Very similar to the complaint just noticed is the tremulousness sometimes experienced by certain artisans, and which is ascribed to mercury, because it is more especially the workers in that metal who are affected. Along with the tremors in this variety of palsy, there are occasionally spasmodic twitchings of the muscles, and the agitation sometimes amounts almost to convulsions. In its course and termination, the disease is similar to that last mentioned; but it is susceptible of cure, if not far advanced, by the removal of the cause.

“Lead Palsy.”—Under the poisonous influence of the preparations of lead, a variety of palsy not unfrequently occurs, sometimes originally, but much oftener as a sequel to colica pictonum. The affection first attacks the hand and forearm. Weakness is felt in the hand and wrist, which increase until the patient becomes unable to use them. A peculiarity of this form of paralysis is that the extensor muscles are chiefly affected, in consequence of which the fingers are usually flexed on the hand, and the hand on the fore-arm. But the flexion is not rigid, and the parts can be easily placed in their proper position. Neuralgic pains are occasionally felt in the arm, and in other parts of the body. The muscles affected become flabby, wither and undergo a change in colour, which has led to the erroneous supposition that they are converted into fatty matter. Should the action of the poison continue, the paralytic phenomena extend to other portions of the body, the special senses are invaded, and the patient dies at length from debility of the brain.” — *Wood*.

There are other special forms of disease coming under the head of paralysis, such as Locomotor Ataxia, Spastic, Spinal Paralysis, Bulbar Paralysis, Aphasia, etc.

Locomotor Ataxia.—In locomotor ataxia we have a disease of a peculiar character—an increase in the interstitial connective-tissue of the spinal cord. It is more frequently met with in men than in women, the proportion, it is said, being about six to one. It occurs oftenest between the ages of twenty-five and fifty-five. It is caused by the common depressing influences and vices, exposure to wet and cold, excessive mental and physical exertions, masturbation, marital excesses, syphilis, tobacco and whiskey. Any one of these causes may be competent to produce this disease, or predispose to it, at least.

The leading symptoms of this complaint are tersely set forth by Loomis, as follows: *Lu*

“The symptoms of locomotor ataxia may be divided into three periods: a period characterized by disturbances of sensation, a period in which there is loss of coördinating power, and a period of paralysis. During the first period there are sharp, tearing, lightning pains in the lower limbs, dysuria, incontinence, spermatorrhœa, nocturnal pollutions, excitement of or loss of sexual desire, a sense of weariness in the limbs, and nausea and vomiting attended by severe and paroxysmal aching in the stomach. A sense of numbness and formication in the limbs is not uncommon in this period. There may be a girdle sensation, not only about the waist, but also in the limbs—chiefly about the knee and ankle. In some cases there will

be evidence of arthropathies and symptoms much resembling those of active cerebral hyperæmia. Rectal and urethral colics, bronchial spasms, and nephritic symptoms resembling those of renal colic, are not infrequent. The pains during this period are usually in the feet and legs; but they may have their seat in the back, stomach, intestines or bladder. If they are situated in the internal viscera, the functions of those viscera are disturbed. Wherever they may be seated, at first they do not come on often, and are of short duration; but as the disease advances the attacks become more frequent and are of longer duration. The muscles of the eyes may be affected, causing double vision or strabismus, which may last a few days or weeks and then disappear; or changes may occur in other nerves which lead to loss of sight. There may be temporary or permanent dilatation of one or both pupils.

“The destructions of surface sensation are manifold; sometimes the patient will complain of a sense of numbness in the hips, sometimes a pricking sensation, or a sensation of some soft substance between the feet and the ground; one portion of the surface may be anæsthetic, another hyperæsthetic. After a varying period, the *ataxic* symptoms appear, and the muscles are no longer moved in their natural way. The gait becomes unsteady, the patient walks like one intoxicated; there is a sense of heaviness in the limbs, and if the feet are brought close together, and the eyes closed, the body sways to and fro and sometimes falls. After a time the patient is compelled to watch his feet while walking. Later on he throws out his feet and legs in the most grotesque manner; for when the will acts the muscles contract far more than the patient intends. If the upper extremities are involved, he is unable to dress himself; he cannot pick up a pin, button his garments, or hold anything in his fingers. The movements of his hands and arms are forcible, irregular and jerking. The gait during this period is peculiar; the heel is brought down first, then the toe; there is a double beat to the step. Quiet or steady movements are impossible. At times the loss of coördination is so great that for days the patient is unable to walk, and then the coördinating power is partially restored. One extremity may be involved after the other, or both be attacked at the same time. During this period there is a marked loss of sensation, especially in the feet and legs; the patients are often unable to tell when their feet touch the floor. Sensitiveness to pain is diminished, and it may be several *minutes* before the prick of a pin is felt. The sensation disturbances of the first period are increased, and the sight is more impaired. In this period there is less loss of the reflex action of the muscles of the lower extremities, especially the muscles of the calf of the leg. The abolition of the patellar tendon-reflex is one of the diagnostic signs of the disease. Loss of the sense of temperature, a greater or less loss in electro-muscular con-

tractility, and, in the irritative forms, increase in galvanic excitability are not uncommon. During this period there may be developed a peculiar affection of the joints; the joints most frequently affected are the knee, hip, shoulder and elbow. The joint rapidly swells and the synovial sac fills with fluid; after a time disorganization of the articular surfaces takes place and may be followed by destruction of the ends of the bones. In some instances the swelling suddenly disappears and the joint is not disabled.* Degenerative changes in the anterior horns are thought to be the cause of these joint symptoms. In a few cases skin eruptions of various kinds make their appearance.† In the *last* period paralysis occurs, and then are developed muscular atrophy, bed-sores, and those vesical and renal symptoms that are apt to lead to death.

"Nearly all the symptoms of locomotor ataxia appear intermittently, and the progress of the disease is rarely continuous. During the third period there is always complete impotence. In some cases the face has a pale yellow color, which is most marked during cold weather.‡ During this last period sensation about the rectum is lost; hence the patient is apt to become exceedingly filthy unless great care is exercised. This condition is accompanied by almost constant dribbling of the urine. Intelligence, memory, and the higher cerebral functions, are rarely, if at all, impaired. In a few cases of locomotor ataxia the patients become color-blind. Locomotor ataxia is a non-febrile disease, but during the initial period febrile symptoms may occur, and are then especially important as indicating a rapid progress in the disease.§ The former is neither an early nor a late symptom, Pierret says that all possible nervous disturbances of hearing may precede ataxia. After reaching the second period, the disease may for a long time remain stationary, or it may temporarily improve, but complete recovery is rarely, if ever, reached. In the long and slowly progressive cases fluctuations always occur, with improvement in summer and exacerbations in winter."—*Loomis*.

Spastic Spinal Paralysis.—This is sometimes called spasmodic tabes dorsalis, and is described as follows:

"Beginning very insidiously, the first symptoms noticed are weakness and paresis of the lower—rarely of the upper—extremities.

* Blum states that the great friability of the bones that results in spontaneous fracture is due to rarefying osteitis.—*Des. Arth. d'ori. nerv. These*. Paris, 1875.

† Charcot says that they follow the track of nerves that have been the seat of pain.

‡ Eulenberg attributes dirotism of the pulse in ataxics to loss of vascular tone of spinal origin.—*Berlin Klin Wochens*.

§ Among the most recent contributions to this disease is Erb's paper, wherein he ascribes great importance as a symptom to *spinal myosis*, i. e., reflex immobility of the pupil.

These patients drag their limbs. This is followed by twitching and stiffness of the muscles, and later there is so much muscular rigidity that locomotion is embarrassed or rendered impossible. Exaggeration of the tendon-reflexes is an early and important symptom, and is associated with marked ankle-clonus, in which the muscles of the calf or the whole limb are put in a state of tremor when the foot is flexed, or when the patient puts his toes to the ground. As the muscular rigidity increases these signs diminish. Later, general muscular tremors or shiverings unaccompanied by temperature changes may occur, in which all the muscles partake. They may be excited by cold or follow excitation of ankle-clonus when they do not occur spontaneously. If the patient is able to walk, he has the typical *spastic* gait; the adductors keep the thighs close together, the toes are dragged, and as the heel is brought down the extensors of the foot contract spasmodically and may throw the patient forward, lifting him on his toes. Sensibility and skin reflexes remain normal.

"Electric reaction of the *muscles* is unchanged; while that of the nerves is lowered to *both* currents. In the advanced stage of the disease the muscles of the abdomen, back, or upper limbs, may become involved. In the latter case the fingers and hand are strongly flexed; the forearm is pronated and semiflexed, and the arm is fixed to the side. After a varying period paralysis of the affected parts occurs and the contractures become more marked; the legs are permanently extended, and the foot assumes an equino-varus position. Pain rarely accompanies the contractures,* and the nutrition the affected muscles is *not* impaired.†—*Loomis*.

Bulbar Paralysis.—This is the result of congestion and inflammation of the medulla. "In the acute form, the progress of the disease is rapid, commencing with a violent headache, followed by vertigo, nausea and vomiting; excessive hiccough; inability or great difficulty in swallowing; toneless voice or speaking difficult—and these symptoms appear without apoplectic symptoms or convulsions. As the medulla contains so many important centers within a narrow area, it is obvious that there may be much variety in the symptoms. If the pneumogastric nucleus is involved, there will be embarrassed breathing, cyanosis, carbonic-acid poisoning, and the heart's action will be irregular, rapid and weak. Paralysis usually invades the extremities, and varies much in extent; there may be hemiplegia, or all four extremities may be weak; sensation is not much affected. Neither tonic contractions of the muscles nor convulsions have been observed. The progress of the case is rapid.

* Erb states that pain in the back and limbs, attended by formication and other paræsthesiæ, not uncommonly *precedes* the motor weakness at the beginning of the disease.—*Virchow's Archiv.*, b. 70. 1877.

† Recently, Stumpel calls attention to the relaxation of the muscles which occurs in spastic paralysis when the legs are not irritated by their own weight.

The difficulty of swallowing increases to absolute inability; the respiration is exceedingly irregular, and carbonic acid accumulates so that coma results, death occurring by failure of respiration."

In the chronic form the approach and course of the disease is more insidious:

"Headache felt in the occiput, some giddiness, a feeling of choking in attempting to swallow, a sudden inability to speak (Cheadle), are the symptoms first observed. The voice is not lost, but it has a nasal tone from the paralysis of the palate, and there is great indistinctness in speech because of the loss of power in the tongue and lips, the labial consonants not being pronounced. The tongue cannot be protruded, and it wastes, becoming soon distinctly smaller. The food collects about the teeth and the cheek, so that the fingers are needed to dislodge it. The saliva dribbles from the mouth, the lips hanging limp and immovable. The taste is much less distinct, or entirely wanting. It is a matter of great difficulty for the patient to get the alimentary bolus back into the pharynx. The efforts at swallowing excite coughing and suffocative attacks, and liquids are forced back through the nose. The palate and pharynx are so little sensitive that no reflex movements are caused by irritating them. The soft palate hangs limp and motionless in the fauces. When the disease reaches this point the appearance of the patient is eminently characteristic: the paralyzed lips and muscles of the face below the eye, their fibrillary trembling, and their motionless state in laughing, the flow of the saliva, the fatuous expression, the nasal speech, the inability to sound the labials, the choking in swallowing, the return of liquids through the nose, form a striking picture which no one can fail to comprehend. It is the sad fate of these patients to preserve their mental faculties, except that they become somewhat more emotional than formerly, and to continue conscious of their condition. The disease is truly *progressive*—the symptoms already described grow worse in every way—speech becomes less and less intelligible, swallowing more and more embarrassing and difficult, and the saliva increases in viscosity and quantity, the patient requiring a handkerchief constantly to absorb it. Other and more formidable symptoms now come on. The extension of the disease to the pneumogastric nucleus causes a paralysis of the muscles of the pharynx, the voice is lost after preliminary weakness and huskiness, the respiratory muscles get weak and the lungs cannot be expanded, and presently there are experienced oppression, heaviness of the chest, and constant dyspnoea, with paroxysms of a suffocative character, excited by the presence of mucus in the throat, by attempts of sneezing, coughing, or swallowing, or by the lodgment of some particle of food in the larynx. At the same time the action of the heart becomes excited, irregular and

weak, and attacks of præcordial oppression, with a sense of impending dissolution. The condition of the patient is now truly pitiable. The mind is clear. The impossibility of swallowing leads to a rapid failure of strength, and, the digestive organs remaining unimpaired, an intolerable sense of hunger is felt. The termination may now be in a sudden failure of the heart, in an attack of pneumonia from lodgment of a foreign body, or by the slower process of starvation. The sensibility is unimpaired. The faradic contractility is at first diminished, but the muscles soon present the phenomena entitled by Erb the 'reaction of degeneration.' If the muscles are far advanced in atrophy the electro-contractility may be lost. The disease in the medulla is often associated with the same degeneration in the spinal cord, when will be exhibited the phenomena of progressive muscular atrophy. Paralysis of muscles of the trunk and extremities, with contractions and without atrophy, have been observed, but these are probably complications."—*Bartholow*.

Aphasia.—"By aphasia is understood a condition produced by an affection of the brain by which the idea of language, or of its expressions, is impaired."—*Hammond*.

"Aphasia may be of two kinds, *amnesic* or *ataxic*. Amnesic aphasia is where the memory of words is lost, though the capability of uttering them may exist. Ataxic aphasia is where the muscles and parts that produce articulate speech cannot be coordinated; the patient knows just the word he wants to speak but he cannot utter it. The ataxic form is commonly associated with hemiplegia of the right side.* In ataxic aphasia a patient can read, write and listen intelligently to the speech of others. In amnesic he only reads and understands what others say. After repeated attacks of embolism a patient may have both amnesic and ataxic aphasia."—*Loomis*.

From the above histories it will be seen that we have a great deal before us when we undertake to manage paralytic diseases. In fact, there is enough in them to engage the attention of any man for a long lifetime. Of course, general practitioners of medicine are not expected, nor, indeed, can they, become very proficient in the care of such cases. A special line of study is required, and we must have experience and observation to insure success. But we may outline a course of treatment that will help the inexperienced, and possibly enable them to protect and carry people along till they can secure more thorough treatment.

* Ogle states that in left-handed individuals the center for language is in the right island of Reil.

When we are called upon to examine and treat a case of paralysis of any kind, the first question that presents itself is this: Does the paralysis depend upon an existing brain or spinal disease, or is the disease confined to the trunk and branches of the nerves supplying the affected part? We know that, in most instances, the brain or the cord is involved from the beginning, and the impairment may continue till we see the case. But it occasionally happens that an injury of a nerve trunk, or pressure upon it, distant from the brain or cord, will result in paralysis of the parts to which the branches are distributed. And then we meet with cases of paralysis where the origin *was* central, in the brain or cord, but all signs of structural brain and cord disease are now absent. In such cases it is fair to infer that the remaining paralysis is now similar to one of peripheral origin, and just as amenable to treatment. To know whether a paralysis is of central or peripheral origin, or immediately dependent upon a brain or cord disease or not, will enable us to announce a more satisfactory prognosis, and shape our course of treatment properly. To ascertain the facts in such cases we subject our patient to this test: We seat him, and place upon his hand, or upon any unimportant part of the body, the positive pole of a faradic machine, and apply the negative pole to the paralyzed part. Now we gradually increase the current, and if the muscles contract under the influence of the current, we feel sure the case is one of central origin; but if scarcely any or no impression is made upon the affected part, then we regard the case as one of peripheral origin. But we may continue this test a little farther, using a galvanic battery in the second instance, and making the application in the same manner. The poles in place, we now gradually increase the current, and rapidly interrupt it, or break it. If the case is one of peripheral origin, or dependent upon peripheral disease for existence, the muscular contraction will be even more violent than in health.

Having decided this question, our next step will be to ascertain, if possible, the actual condition of the part affected. Taking it for granted that we have a case dependent upon existing brain or cord disease, we next want to know whether there is active congestion, passive congestion, local excitement, pressure from effusions, clots or hemorrhages, or whether there is simply a condition of anæmiæ and general impairment.

In sudden attacks, when people become unconscious and generally paralyzed, as in ordinary apoplexia, we find one of two conditions present, viz.: In one case the pulse is full, strong and sometimes very hard. The face is red, the arteries throbbing, and breathing stertorous. In a second case the face is pale, pulse slow, soft or feeble, and the breathing labored.

In the first case we use gelsemium, hypodermatically, the green root tincture, in half-drachm doses, and apply cooling lotions to the head, and heat to the feet. As soon as the patient is able to swallow we give him bromide of potassium.

In the second case we apply mustard to the back of the neck and over the stomach, and use sulphuric ether hypodermatically, in half-drachm doses.

In all these cases, after the more violent symptoms have disappeared, we aim to apply the treatment most appropriate for each case. Should the arterial tension remain high, we use bromide of potassium freely, and give iodide of potassium in gradually increasing doses. Ether sprays to the whole length of the spine are also exceedingly useful.

Where a condition of nervous exhaustion, feeble pulse, pale countenance, etc., remain, we resort to belladonna, digitalis, stimulants, and iodide of potassium. Nearly all sudden attacks of paralysis result from embolisms or hemorrhages, and we employ the iodide of potassium for the purpose of hastening the absorption or removal of the foreign matter.

After a few days, when the more severe character of the disease has passed, we may employ electricity, applying it as in special forms of paralysis. In all these cases of paralysis resulting from sudden attacks, we know the disease is of central origin and depends upon disease of the brain or cord, or both. The object in applying electricity is to aid in the removal of any effusion, clot or blood that may be keeping up the paralysis. And we also use it to improve the nutrition in the nerves supplying the paralyzed parts. It not infrequently happens that after all obstructions have disappeared from the brain and cord, the paralysis in the affected limbs continues, or disappears very slowly. Now, electricity will rapidly invigorate the nervous system in these cases, and hasten a cure. In the first instance, for the purpose of aiding in absorption, the

galvanic current is the appropriate form. Central galvanization is the process used. In the second case, the faradic current will stimulate the peripheral nerves and improve nutrition. The interrupted galvanic current is also useful here, and will sometimes start a cure where the faradic has failed to make any good impression. Static electricity, also, is highly useful in such cases. General faradization and the electric baths from a static machine, with sparks drawn from the weaker parts, and the interrupted galvanic current, are the effective measures. In fact these, if properly applied, will do more good than all medicines combined.

In the application of electricity in the treatment of different cases of paralysis, a few important points should be kept in mind: 1. The applications should be made at least once daily, and in some cases twice is better. 2. The time occupied in making each application should never exceed fifteen minutes, and in some cases, when we use central galvanization, five minutes is long enough. 3. When the disease is of peripheral origin, or depends upon nerve impairment without brain or cord lesion, the interrupted galvanic and static currents are the best, but the faradic may help in these cases also. 4. When there is a condition of general exhaustion and nerve impairment, either with or without existing brain or cord disease, general faradization and static currents and baths are the best. 5. Where it is necessary to produce a sedative influence in a part, we apply the positive pole of the faradic machine, with the mildest possible current; or we may use the galvanic current in a similar manner. Possibly the static machine is more useful to produce sedative impressions than either the galvanic or faradic. We place the patient upon an insulated stool, and while he is connected with the machine and covered with electricity, we draw it off from the part affected, with what we call a pointed electrode. This operation produces the most soothing, sedative influence imaginable, and we appropriate it quite often.

When we meet with cases of paralysis that have been gradual in their approach, no matter whether they are cases of hemiplegia, paraplegia, facial paralysis, or general palsy, we want to observe the same general plan of treatment as already detailed and laid down as appropriate in cases following sudden attacks. Find out, if possible, whether there is an existing brain or cord disease, and

then resort to iodide of potassium and the application of the proper current of electricity.

In the treatment of lead palsy, very much the same treatment should be followed. Give the patient plenty of lemonade, with drop doses of sulphuric acid. Iodide of potassium should be given freely, and the faradic current applied to the affected part twice daily.

In paralysis agitans, or shaking palsy, in the way of medicines we depend upon hyoscyamus, conium, cannabis indica. The best results follow the use of central galvanization.

In the treatment of locomotor ataxia, we should keep in mind the fact that we are treating a disease characterized by chronic inflammation situated in the posterior root-zones of the spinal cord. And we should remember that while there exists a slow inflammatory condition there is a great impairment and gradual exhaustion of the cord. Rest should be enjoined from the first; and all physical and mental strains, excesses of all kinds, such as smoking, drinking, sexual indulgence, should be strenuously avoided.

The appropriate drugs to be used are ergot, nitrate of silver, (one grain per day in divided doses,) and the bromides. When there is evidence of syphilitic origin, iodide of potassium must be employed. The chloride of gold and sodium, and barium have been used with benefit, and in some cases the phosphide of zinc has proved useful.

But of all the measures employed in the treatment of locomotor ataxia, with rest, strict hygienic measures, and a liberal nutritious diet, the careful and persistent use of electricity is the most effective. In this disease it is the most powerful remedy known to the medical profession. A large galvanic battery, with great quantity and low tension is what we want. The smaller galvanic batteries that are used so effectively in electrolysis are not of much use in this disease. After using this galvanic battery along the spine we may apply the static bath to the whole body; this will greatly aid us in the cure, for it invigorates the patient generally, and gives him a hopeful spirit.

Spastic spinal paralysis, in nature, does not differ so much from locomotor ataxia, and results from similar causes. The principal difference is, the inflammation is situated in the lateral columns of the cord, and this accounts for the difference of behavior in people suffering from the two diseases. In locomotor ataxia the posterior root-zones are affected.

The treatment of this complaint is the same as that for locomotor ataxia. We may say, however, that morphine may be required in some cases to relieve pains. The main reliance is galvanism.

Bulbar paralysis, a disease involving the medulla, requires the same treatment as the two preceding it. We may employ ergot, iodide of potassium and belladonna, but rest and galvanism are the important factors of the therapeutics.

Aphasia is to be treated upon the same general principles followed out in the management of other brain and spinal scleroses, resulting in paralysis or in co-ordinations, sedatives or stimulous, as different cases may require; but of all the remedies electricity is still the most important and useful.

We do not make these statements upon our own responsibility wholly, for the reader may consult Erb, Hammond, Bartholow, Loomis, Morton, and every other noted specialist in this or any other country, and the same answer will come—*electricity, properly applied, will do more in relieving, removing causes, and curing the different forms of disease upon which paralyses depend than any other single measure, and will frequently do more than all others combined.*

While we might say a great deal more about the foregoing diseases, we think we have said quite enough to excite an interest among physicians and lead them to investigate for themselves. And we hope that if this paper is read by people threatened with or already suffering from any of these diseases they may be entertained and profited.

ABSTRACTS.

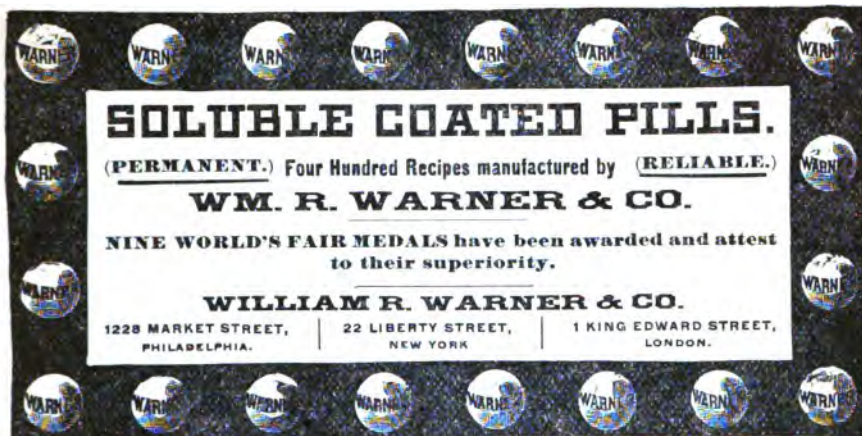
A New Treatment for Goitre.

The new treatment used by Dr. A. Weiss (*Berlin klin. Wochenschrift*, No. 2, 1885) is the application of heated points to the surface of the tumor. By means of a Paquelin apparatus with a pointed iron, he makes punctures about one centimetre apart, the iron being at a white heat. The burns result in little scabs of one to three millimetres, which fall off in a few days, leaving behind them cicatrices which are first red and then white. If the iron is at a white heat

there is but little pain produced, and the consecutive treatment consists simply in covering the wound with a layer of wadding. The operation is repeated every six or eight days until the disappearance of the goitre, which requires, according to circumstances, from six to twelve applications. At the same time a little iodide of potassium is given, but this is not essential. This treatment is particularly beneficial in endemic parenchymatous goitre; in cystic goitre it is not so much so. Sometimes during treatment the goitre ceases to diminish; he then applies, immediately after the operation, a layer of vaseline over the burns; in this way suppuration is set up under the scabs, which hastens the cure. In explaining the curative action, Dr. Weiss considers that the heated points provoke an excitation of the terminal nerve filaments, which causes a contraction of the muscular coat of the vessels, resulting in an arrest of nutrition and atrophy of the hypertrophied glandular substance. In one case where the goitre was so covered by a network of large vessels that Prof. Lüke could not administer an injection of iodine or arsenic, Weiss observed, after four or five applications of the heated points, a diminution in the calibre of these same vessels, which became normal. In this same case he applied the heated points to a greatly dilated vein in the axilla, and the next day noted a diminution in its volume. He is inclined to use this treatment in other affections; as catarrh, affection of the pleura. In one case of laryngo-tracheal catarrh, an absolute extinction of the voice of several days' standing was completely restored by one application of the heated points.

Cocaine—Nitric Acid.

The mixture of cocaine with nitric acid gives a painless escharotic for the removal of moles, deep-seated freckles, etc. A formula for its preparation was recently published in the *National Druggist*, which we here give: *R.* Nitric acid (s. q. 1.340), fl. 3j.; cocaine, 6 grains. *M.* Keep in small bottle, with well-fitting stopple, for use. The mole or freckle should be surrounded with a ring of wax to protect the adjacent skin. The end of a glass rod dipped in, and then cautiously applied to the surface of the mole or freckle, the process being repeated once or twice a day, and the unsightly spot has the vitality destroyed without pain, being then easily and effectually removed.—*Druggists' Journal.*

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Euphorbia Pilulifera, the latest aspirant for professional favor, has, however, after careful trial clearly demonstrated that it possesses anti-spasmodic, tonic and slightly narcotic properties, which, better than any agent before presented, meet the indications for treatment in asthma. Our preparation of this drug is made with great care, and reports of its medicinal efficacy already received warrant us in soliciting a further trial of the drug and reports of results obtained.

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A Demulcent Expectorant in Harassing Cough and in all Inflammatory Irritations of the Respiratory Tract.

Both in hospital and private practice this remedy has been subjected to a thorough trial, and the reports of its use are unanimous in according it a place among remedial agents unequalled by any other in the treatment of the distressing cough accompanying inflammatory affections of the respiratory mucous membrane. Its action has been likened to the combined action of ipecac and balsam of Peru, but it possesses, in addition, through its resinous principles, an action which is wanting in these valuable drugs in irritative bronchitis.

AROMATIC SYRUP OF YERBA SANTA.

Quinine Rendered Tasteless.

Yerba Santa possesses the property of concealing the taste of quinine, and we have prepared a syrup of Yerba Santa and certain aromatics, formula for which we publish in full, which has become very popular with all who have employed it as a vehicle for the administration of the bitter alkaloid and its salts.

☞ Send for pamphlet containing clinical reports of the use of Yerba Santa as an expectorant and as a vehicle.

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EDITORIAL.

The Opium and Morphine Habit.

It is to be greatly lamented that so many good men and women fall into the habit of using some kind of stimulant or narcotic, such as alcohol, tobacco, opium, chloral or cocaine. While these drugs may be of use to us in certain diseased conditions, they are not essential in health, and when used recklessly and continuously for any considerable length of time they certainly excite and establish obstinate diseased conditions.

Of all the habits, that of opium or morphine eating is the most luring; while the immediate results may not be so conspicuous and disastrous as those of the liquor habit, it is generally pursued with more regularity, and is more difficult to break off. From the first, it is not the intention of the sufferer to form a habit. He does not even dream that he will continue the use of the drug for any definite length of time. In fact, he may have nothing to do in the matter, and it frequently happens that the morphine habit is commenced, kept up and firmly established through the advice of the family physician, the patient knowing nothing about it till he finds himself a helpless slave to medicine, as he calls it. Medicine! O, that we could find language to express our supreme contempt for the doctor who knowingly or recklessly makes a morphine eater of his honest, innocent patient!

But the habit is established, the patient discovers his condition, knows what he is taking, sometimes procures the drug without a physician's advice, and takes a dose whenever he thinks he requires it, and this will be daily, sometimes two or three times a day. As the habit is established and continued, larger doses are required, and we have had under our observation patients who would take from six to thirty grains of morphine daily. It is not uncommon for these people to take from ten to fifteen grains every twenty-four hours.

As people approach the confirmed conditions of this terrible habit

they find themselves becoming incapacitated for business, and unless they are more or less under the immediate influence of opium, in some form, they are unhappy, restless, incapable of attending to any business properly, can't sleep, can't eat with a relish, and now, unless the accustomed dose is taken, the following distressing symptoms are witnessed: The patient really suffers from severe pains, aches, apprehensions, nervous twitchings, and sometimes an uncontrollable delirium. As patients lapse into these conditions, we notice the pupil of the eye dilating, the hands and feet become cold, chilly sensations all over the body are complained of, the patient yawns, stretches, looks wild, anxious, and imagines he is approaching a dangerous condition. He is exceedingly apprehensive, and these feelings, with the pains and aches suffered, completely unman him. He is no longer his own master, and if he can find it he will take opium or morphine at the risk of his life. No reason can stop him; nothing but physical restraint will have any effect, and this alone will not always suffice.

Now it is hardly worth while for us to stop to consider the pathology of the disease which obtains in these cases, but we may observe that we regard a dose of morphine as so much death to cell life. To be sure, we may give or take a few doses of morphine for the purpose of relieving pain, and while we actually destroy, surely and effectually kill, certain elementary cells and retard cell growth, the destructive process is comparatively limited, and if we stop with a few doses the small loss we sustain will scarcely be noticed, and with good nourishing food the renewal of life takes place and we are soon as good as ever. But let a patient continue the morphine habit for months or years, and the destruction is so great, the molecular and nervous disturbance so marked, that a sudden withdrawal of the morphine results in a nervous shock, and no amount of nourishing food can possibly start and complete the renewal of life in time to save the patient from indescribable torment. The patient has reached this condition by degrees; has been as gradually and specially prepared and changed in constitution as one under Pasteur's treatment for hydrophobia; and, in order to save him from much suffering and finally cure him, we must carefully lead him back by the same road he traveled in reaching this lamentable condition. In this connection we might observe that people can be prepared to tolerate any

poison, in enormous doses; even arsenic, strychnia, hydrocyanic acid, snake poison, etc., may be gradually and carefully introduced till a condition of toleration of large doses is established; then a sudden withdrawal of these drugs might result fatally, while a gradual suspension of their use might end in a complete restoration of health.

From these observations it is to be understood that we consider it unwise to undertake to suddenly withdraw opiates in the cure of this habit, and so we do. In the first place, while a patient might survive and finally recover, it is not necessary for people to suffer so much as they are almost certain to do in the sudden withdrawal of all forms of opium. The cure is never hastened by this method, for if the patient is made to suddenly quit the habit, as much or more time and medicine will be required to keep him quiet, restrain him, and finally restore him as if we had gradually withdrawn the morphine, and the patient has suffered a great deal more.

We are also opposed to substitution—the administration of some other drug to take the place of the opiate, such as chloral, cocaine, etc. The course we advise and adopt will prove incomparably superior to any substitution practice, and then when our patients are cured they are not left in subjection to any drug. What benefit is there in changing one habit for one scarcely less objectionable and sometimes even more disastrous in results?

In our treatment of the morphine or opium habit, if we gradually lessen the dose daily, giving barely enough to keep the patient in a tolerable condition, and see that he gets good nourishing food, and give him very small doses of chloride of gold and sodium—the one-hundredth of a grain every three hours—with phosphate of potassium in alternation, we need not resort to substitutes, and yet we soon witness signs of improvement. As we withdraw the morphine and feed our patients, the renewal of life proceeds, and within a week or ten days, in one month at farthest, we can so completely renew them as to enable them to live without morphine. They may feel weak for a time, for they are comparatively new, and may suffer from temptations, but if due caution is observed they will enjoy a permanent cure.

The whole secret of curing the morphine habit is to know that the patient is partially dead, killed with morphine, and that he is not

capable of curing himself; that you must restrain him and gradually withdraw the murderer, and permit a renewal of life to take place.

To be sure, it will require our personal attention to make this treatment a success. The patient must give himself up to us, and he need not know what we are giving him. We keep our own counsel. We must be with these patients, or have some responsible person with them, all the time, for a week or two, for they cannot be trusted. They are rarely able to break off this habit by their own efforts. They require help and must have it, but with our assistance they can be managed, and quickly and radically cured, for just as sure as the poison is withdrawn and the renewal of life takes place the patient recovers. These are the facts, and if medical men would take hold of this matter as they should, and take the interest in this class of patients that becomes them—for they have made nearly all of them—there would be very few advertisements in the papers of cures for the opium habit. These cures are humbugs. While they may sometimes contain appropriate drugs, they cannot carry with them the restraint and careful observation that different patients of this class actually require; consequently they fail, and the money expended is lost, while friends and patients are disappointed.

M. Pasteur and Hydrophobia.

We invite careful attention to the reading of Dr. Curtis' paper in this issue of the JOURNAL. It shows familiarity with medical literature, and is well worth a careful study, whether we agree with the author or not.

Since our January issue other editors have "touched up" Pasteur a little, among whom we may mention Geo. F. Shrady, M. D., of the *Medical Record*. Hear him:

"M. Pasteur is certainly the most astute of scientists. He has developed a protective virus which it takes some two years to manufacture, consequently he is safe for that length of time, at least, against all rivals who would wish to corroborate, or otherwise, the validity of his method. The virus is employed to prevent a disease which, in a great majority of cases, never develops anyway in the patients subjected to experiment. It is probable that not more than fifteen per cent. of persons bitten by genuinely rabid dogs get the disease.

"These facts make M. Pasteur's position, as the inventor of a pro-

tective virus, quite a safe one. The distinguished savant is making it still more so by announcing that no others need attempt to manufacture the virus, as he can treat the whole world of bitten people. This speaks volumes for the rarity of rabies in man, or the quantitative resources of Pasteur's laboratory. After a human being is bitten, the disease generally develops between four and twelve weeks. In some cases, however, it has been known to appear within the second week. Unless the people of India, Africa and China, then, have more than the circumnavigatory abilities of Mr. Phineas Fogg, we hardly see how Professor Pasteur can treat the world.

"All this may seem somewhat captious criticism, but unfortunately this is not the first time that Pasteur has announced, as wonderful discoveries, prophylactic inoculations that have been practical failures. We have every desire to do the distinguished experimenter justice, and will join in ascribing to him the most unstinted honors when he proves that his present jugglery with rabbits' cords amounts to something."

MISCELLANEOUS PARAGRAPHS.

The Success of Hypodermic Injections of Quinine in Malarial Fever.

The high price of quinine induced Dr. A. Smirnoff (*London Medical Record*, June 15, 1885), to give an extensive trial to a long list of various substitutes for the classical antimalarial drug. Carbolic acid, salicylic acid, burnt alum, tincture of iodine, tincture of eucalyptus, oil of eucalyptus, oil of turpentine, lemons, and faradization of the spleen, all were resorted to successively, and all of them gave uniformly negative results. With deep regret in regard to waste of time, the author returned to the exclusive use of quinine, striving at the same time to find out a most economical method of freeing the soldier from severe Bessarabian fever in that way. Dr. Smirnoff thinks that he succeeded in finding something like the desideratum in the shape of hypodermic injection of hydrochlorate of quinine, the method which is at present practised by the author to the exclusion of all other means. He injects six grains of the hydrochlorate (dissolved in half a drachm of distilled water) at a time, by means of Lewin's syringe, into the subcutaneous cellular tissue below the scapular region. In the course of 1884 he successfully treated in

that way 470 malarial soldiers, the whole number of injections being 1179; that is, a case required, in average, 2.5 injections; the greatest number of the latter in an individual case was 9. Relapse after the subcutaneous treatment occurred decidedly more rarely than after the internal administration of quinine. That the hypodermic method is much cheaper than the internal one may be gathered from the following comparison. To cure 178 patients treated by the internal use of the alkaloid, the author has used 7,019 grains of sulphate of quinine, or 39.5 grains per head. To cure 470 patients treated hypodermically, he used 7,074 grains of muriate of quinine. Taking an eight-grain dose of hydrochlorate as equivalent to a ten-grain dose of the sulphate, we have an average dose of nineteen grains of quinine in the case of the hypodermic treatment against that of 39.5 grains in the case of the internal administration. The author never saw the appearance of any unpleasant phenomena at the spot of the injection (such as abscesses, sloughing, intense irritation). Pain was always trifling and of short duration. In some of the patients with very sensitive skin there occurred bright redness, about three or four centimetres in diameter, but it quickly disappeared spontaneously. As to the essential advantages of the hypodermic method (besides cheapness), the author points to its applicability at any stage of the disease, and to the sure and safe assimilation by the patient's system of every particle of the drug used.

Pruritus Ani.

An excellent application for itching of the anus is the following:
R. Distillate hamamelis, ℥iij.; tar water, ℥j.; mercuric bichloride, gr. j.
M. This may be used two or three times a day upon suffering parts. At the same time Fowler's solution should be given internally, a drop at a dose every three hours every other day; and on the alternate day the following is to be administered: **R.** Elixir cinchona, ℥iv.; biniodide hydrarg., gr. j. (dissolve in two drachms alcohol). **M. S.** Dose—half a teaspoonful every three hours every other day.

An every day cold water bath is commended, juniper tar soap being employed. Warm baths sometimes provoke or aggravate the itching. Scratching and rubbing are to be avoided; and regular habits should be observed.—Howe in *Eclectic Medical Journal*.

Dyspepsia of Years' Duration Cured with Hydrastis.

Llyod's Hydrastis far surpasses anything that I have ever seen. Being in a fluid form, and pleasant, the patient liked to take it very much, as compared with the bitter preparations. I used it in a case of chronic dyspepsia, complicated with hepatitis, also chronic. I tried it on the most troublesome case of chronic dyspepsia that I could find—one that had been treated for years by other physicians without any appreciable benefit: but since she has been taking this preparation of hydrastis, alternated with nux vomica and a gentle laxative, she has had more relief from pain than for a long time before, and I think it will effect a permanent cure. DR. WM. DELOY.

Obstetrics.—By W. S. BAIN, M. D., CADDO MILLS, TEX.

On the night of the 18th Dec. I was called to see Mrs. D., æt. 24, mother of three children. Her previous health had been good. She had never had any trouble in her previous confinements. As the man that came after me did not say anything as to her condition, I was in no great hurry to ride five miles in the dark. On entering the house a sight met my gaze that I shall never forget. Sitting by the bedside was the old midwife. I asked her how long the patient had been in labor. She said the child had been born four of five hours, but said the afterbirth had grown to the womb. The patient's breathing was short and labored. I examined the pulse and found the radial artery had ceased to beat; the eyes sunk in the head, the countenance blanched. I proceeded at once to the removal of the placenta, which I found loose in the uterus, without any adhesions. The uterus was relaxed, and would not respond to the action of the hand inside and cold applications to the external. As the woman was in *articulo mortis* I made an effort to stimulate her, but she was so much prostrated that she expired before I could prepare my hypodermic syringe. On asking the old midwife what she had given her, she said she had been giving her raspberry tea. Shades of "sheol!" Whoever heard of raspberry tea for a case of post-partum hemorrhage? On interrogating her as to her delay in sending for medical aid, her answer was that she thought the afterbirth would come away of itself.

"Hark from the tomb, ye doleful sound; mine eyes behold the sight!" A woman going four or five hours after the birth of the

child and allowed to bleed to death with a retained placenta. To h—— with all medical legislation that says to one class, you must register your diploma before you can practice the healing art in this State, and then in the same moment says to another class, you can go and give raspberry tea to a woman that is dying with a post-partum hemorrhage!

Bromidia.

14 WELBECK STREET, CAVENDISH SQUARE, }
September 9, 1885. }

Gentlemen :— I am glad to speak in praise of your preparation named Bromidia ; as it is a known compound in quantity and quality, its virtue should be known, and not even the most fastidious of physicians can refuse to prescribe it.

I have found it a most valuable hypnotic and sedative, and it unquestionably controls the circulation of the brain generally, and the nervous centres and grey matter in particular, in muscular spasms and in epilepsy ; its effects are very marked.

THOMAS SHETCH DOWSE, M. D., F. R. C. P.

Physician to the Western Hospital for Diseases of the Nervous System, formerly Physician Supt. of the Central London Sick Asylum.

Anal Fissure.

The treatment of anal fissure is not difficult after a correct diagnosis has been ascertained. A surgical operation was once demanded, but I have discovered a simpler and less objectionable method. This consists in the use of an unguent of salicylic acid in the anus. To an ounce of vaseline there should be added thirty grains of salicylic acid, and then the two rubbed in a mortar. A small quantity of this is to be pushed into the anal folds, along the track of the fissure, once a day. This may be done at noon in preference to morning or evening. The ivory handle of an old tooth-brush is a useful implement to anoint and send into the anus. At first the rigidly contracted sphincter resists anything but a superficial entrance, yet the anal apparatus grows less and less sensitive as the curative action goes on. In two or three weeks a cure ought to be effected. However, much will depend on constitutional treatment. Fowler's solution of arsenic—one or two drops in water every three hours—should be prescribed, and an easily digested diet

insisted upon. A constipated state of the bowels is to be overcome with Cascara sagrada—ten drops of the fluid extract in water at night—and ten grains of pulverized sulphur on Sunday. The reason for selecting a well-known day of the week—or one day in seven—has been given on other occasions: the Sabbath is always remembered, and it takes about a week for sulphur to travel the entire length of the intestinal canal.—Howe in *Eclectic Medical Journal*.

Tongaline.

Have been prescribing Tongaline during past year and can cheerfully testify to its great value in rheumatic and neuralgic troubles.

Have derived particularly gratifying results from its use in dysmenorrhea, when not dependent on obstruction or serious organic disease.

In the case of a lady of rheumatic diathesis and a chronic sufferer from dysmenorrhea, who had been driven almost to the verge of insanity by her monthly suffering, its action has been most satisfactory. I first prescribed it for her about six months ago when suffering intensely. It relieved her promptly, and she now passes the once dreaded periods with but little discomfort. I could mention other instances of similar character, but this is the most remarkable one.

T. F. FRAZER, M. D., Commerce, Mo.

Urtica Dioica (Stinging Nettle) as a Hæmostatic.

Dr. C. J. Rothe (*Pharmac. Post; Therapeutic Gazette; N. Y. Med. Jour.*) has experimented with the juice of the stinging nettle as a hæmostatic. The leaves, flowers and stalks of the young plant, gathered in the spring, are cut up fine, soaked for a week in 60 per cent. alcohol, and subjected to pressure. The liquid is filtered, when it is of a dark greenish-brown color, and has a spicy odor and taste. Applied on cotton, it rapidly arrests capillary hæmorrhage, and the clots formed are soft and tenacious.

Porcher quotes, in *Resources of Southern Fields and Forests*, items which show the nettle had some reputation a century ago. Stearns, in the *American Herbal* (1801), refers to its use in jaundice, nephritic disorders, and in hæmorrhage: "The juice, snuffed up the nose; stops bleeding, and a leaf on the tongue, and pressed against the roof of the mouth, will answer the same purpose. Lin-

næus, in his *Veg. Materia Medica*, alludes to its employment in hæmorrhage; it was considered lithontriptic and emmenagogue, and adapted to those in whom the hæmorrhage diathesis prevailed; all of which opinions I quote," says Dr. Porcher, "as coming from old authors."

Also the same author gives some items of interest about another nettle—*urtica urens* (dwarf nettle): "In the supplement to the supplement to the *Dic. de Nat. Med.*, by Merat & de Lens, 1846, we have an account of the remarkable hæmostatic virtues of this and the *urtica dioica*, also found in S. C. [Found everywhere.] It had originally obtained some favor in this respect, and was used by Sydenham, but had for a long time fallen into disrepute. It has been reserved for M. Guinestet to restore the public confidence in it. *

* * He advises it in hæmorrhage in which bleeding was instantly arrested; two to four ounces of the juice were given, taken internally and in the form of an injection. It has also been successfully employed in spitting of blood and epistaxis, and cases of two months' duration were cured." (See Porcher's *Southern Fields and Forests*, Charleston edition, 1869, pp. 308-309, for other evidence, especially experiments in the coagulation of blood.)—*N. C. Med. Jour.*

Vaccine Virus.

A. A. Mellier, of 709 and 711 Washington Avenue, St. Louis, is the Western and Southern Agent for the pure Bovine Virus from the celebrated Lancaster County Vaccine Farm. Success guaranteed in all primary cases. Only virus from purely grain-fed stock.

Put up in the original glass packings. Send for circulars containing prices and discount.

Leucorrhœal Discharges from Roller Skating.

Dr. Von Klein says: "Mrs. L. consulted me about two of her little girls, Anna, aged ten, and Eva, aged twelve years. The mother called my attention to a leucorrhœal discharge which she lately observed on their clothing. An examination of the parts verified the mother's statement. I told her I could not account for it, as I had already seen it in children younger than hers; but the lady, who is of rather extraordinary intelligence, advanced a theory that

their recent excessive indulgence in roller skating brought on their affliction.

Certainly, I partly coincided with her sentiments. When she returned home and spoke to other ladies about the matter, it brought out the fact that there were many others afflicted in the same way. In fact, I examined nine children in forty-eight hours, whom I found affected with leucorrhœa. These children were all roller skaters, from nine to sixteen years of age.

Their mothers steadfastly maintained that they were not afflicted before they commenced the so-called exercise. I have reason to believe that the practice of roller skating exercise is injurious to young females, by reason of excessive movements of the lower extremities, especially of the pelvic organs, including the walls of the vagina. I trust the profession everywhere will record cases of this nature that may come under their observation, which will, I am sure, reveal many valuable pathological changes caused by the exercise of 'roller skating.'—*Boston Med. and Surg. Jour.*

Alcohol and Chloral in the Same Prescription.

The *Medical Age* says that no preparation containing alcohol should be put in a prescription with chloral hydrate, and especially so when the bromide of potassium or of sodium also enters the prescription. If the solutions are at all concentrated, the chloral will separate as an alcoholate, float on the surface, and thus give rise to a great risk of administering an over-dose, unless the bottle is "well shaken before taken."—*Med. Herald.*

Glycerinum Aluminis.

Mr. R. W. Parker suggests a new preparation of alum, which he can strongly recommend after a prolonged trial. It is made by dissolving one ounce of alum in five ounces of glycerine, by means of a gentle heat. This is about four times as strong as a saturated watery solution. It is indicated in all cases where a powerful local astringent is required; and has the advantage over tannin of being far less disagreeable, equally astringent, and quite compatible with an administration of iron. In cases of chronic pharyngitis—so common in children—it is very efficacious; diluted with water, it forms a useful gargle, injection or lotion.—*Brit. Med. Jour.*

Mellier's Saddlebags.

I write to say that I am more than pleased with the Elliott's Patent Medical Saddlebags, and I have used them sufficiently long to give me a very high appreciation of their compactness, lightness and convenience of arrangement. These advantages they present in an eminent degree over the styles generally in use.

A. V. SYMONAS.

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THE AMERICAN MEDICAL JOURNAL.

VOL. XIV.

MARCH, 1886.

No. 3.

ORIGINAL COMMUNICATIONS.

ART. IX.—Pasteur and Hydrophobia-Inoculation.—By ALEXANDER WILDER, M. D., NEWARK, N. J.

It has been my wish to say little or nothing in regard to M. Pasteur's operation of inoculation for hydrophobia. I have regarded it as one of a class of notions which run epidemic in the medical world for a season, and then disappear like a bubble, leaving hardly a wreck. The practice of medicine is overrun almost at stated periods in this way, and probably will continue to be for long years to come, because it has not yet quitted the domain of empiricism for that of philosophy and scientific knowledge.

In the city of Newark, N. J., some weeks ago, several Irish children were bitten by a furious dog, and the alarm was sedulously promoted by the newspapers, in the absence of other sensational matter. Advantage was taken of this to call for the contributing of a fund and to send the bitten children to Paris for the peculiar treatment. They went, were treated, and returned. The public attention has turned in other directions; few really believe in the utility of the operation; but now the lads are in New York, exhibiting at a dime museum in the Bowery. This conclusion is a fitting one. The bogus baby of the Burdell tragedy of 1857 had analogous history and finality; Barnum made profit by the exhibition till it got stale.

Hydrophobia is a nervous disorder induced by a virus in the saliva of a dog or other animal in a peculiar condition, and that not always one of rabies. A case reported in the *Journal of Psychological Medicine* for January, 1871, by Dr. S. G. Cook, cites a case in which the patient, a child of three years old, was bitten by a bitch

in heat, on or about August 20th, 1870. On the 16th of November he was observed to be "cranky," and was placed under the physician's care. Death ensued on the 18th. This was in East Orange, the town adjoining Roseville, the westerly precinct of Newark.

Dr. W. A. Hammond, remarking upon the subject, says: "It is very probable that the saliva of healthy animals, the dog especially, is capable of producing hydrophobia in man and other animals. A case of the kind is recorded in *Hufeland's Journal*, of December, 1839; and similar cases are frequently met with. In none of the cases I have witnessed was the dog which had inflicted the wound supposed to have been rabid. In one case which I saw in this city [New York], with a physician whose name I cannot recall, the patient, a stable man, was bitten by a dog that was, to all appearance, in perfect health. In the case above cited (in East Orange), reported by Dr. Cook, the animal, a bitch, was being led quietly through the passage-way of the house, when the child became entangled in the chain, fell against the dog, and was bitten apparently in anger. The animal was well known, and was not even suspected of being hydrophobic. She was in heat, and Dr. Cook raises, for the first time to my knowledge, the question whether this circumstance renders the saliva capable of inducing hydrophobia in the human subject. With a view of throwing as much light as possible on the subject, he consulted the records of Bellevue Hospital, in order to ascertain the facts in relation to a man who died of what was supposed to be hydrophobia from the bite of a bitch in heat. The results of his enquiries were to show very certainly that the man did die of hydrophobia, that the animal was not rabid, and that she was in heat."

Several years ago, a writer in the *Chicago Medical Times* gave an exhaustive discussion of this subject, which is well worth reproducing. I have it not at hand; but I remember that he explained the peculiar habits of the canine race in these matters. In the first place, most females are slaughtered in puppyhood. This is an outrage on natural law, leaving the males over-numerous, and so liable to the maddening consequences of unappeased sexual desire. Then the females, when in the œstrual period, do not directly seek the others, but having attracted them in considerable groups, they will goad them incessantly on, running from them, and in various ways cheating them of their gratification. No flirt or coquette of

the human race ever surpassed them in toying with an admirer, inflaming his passions till they were well-nigh uncontrollable, and then fooling him in the end. But the two are of a piece. The canine males, most of them, fail utterly in the amatory quest. In their fierce excitement, they become, for the time, frantic, and their blood is poisoned by passion. All emotions are seated in the ganglionic nervous system, and through it affect the quality and condition of the blood. Anger is often terribly energetic in its mischievous effects, disorganizing the blood outright, analogous to an electric spark. Sexual ardor carried to intensity is also maddening. A dog infuriated in this way, but not otherwise in ill health, it is therefore apparent, will be as dangerous as the female.

The saliva is the medium by which the *materies morbi*, or morbid agent, is imparted. We may obtain some idea of the reason of this by a brief study of the nervous organism which governs the secretion of this fluid, and the action of other structures in that region of the body.

The function of deglutition is presided over, as we commonly say, by the sphenopalatine ganglion. This is a small, triangular, reddish body, situated on the external side of the nasal plate of the palatine bone, imbedded in fat and surrounded by branches of the internal maxillary artery. Three sets of branches pass from it—an inferior, internal and a posterior. The inferior or palatine nerves descend in the palatine canal, and supply the membrane and bone of the alveoli, and also the teeth, palate and uvula.

The posterior branch is the Vidian or superior petrosal nerve. It has an extensive distribution. It passes backward through the Vidian canal, above the pterygoid plate, and presently passes into the cranium, where it divides into inferior and posterior branches. The inferior or carotid branch joins the plexus surrounding the carotid artery. The superior or petrosal branch runs backward and outward beneath the dura mater and Casserian ganglion, following a groove on the petrous bone, then enters the hiatus Fallopii in the bone and becomes attached to the portio dura nerve. It accompanies this nerve to the back part of the tympanum, then leaves it, under the name of *chorda tympani*, and enters the tympanum. It next passes forward to the handle of the malleus, to which it is firmly connected, and escaping by a canal runs downward, inward and forward, joins the gustatory nerve, and continues attached to it as far

as the submaxillary gland. It now leaves it, and unites with filaments from it in the submaxillary ganglion, which is situated near the posterior edge of the submaxillary gland. A large number of nerve-filaments proceed from this ganglion and form a plexus which supplies the gland.

The intelligent physiologist understands at once the part which the nerve-force of the spheno-palatine ganglion, and especially this portion of the Vidian nerve, has to perform in the process of the selection of food, mastication, and particularly the secreting of saliva.

The saliva of a rabid animal owes its poisonous energy to a peculiar morbid influence of this spheno-palatine ganglion. We may account for the difficulty of swallowing, therefore, by remembering that the parts which this ganglion supplies with nerves are in a very sensitive condition. This ganglion, as everybody who closely observes hydrophobia knows, is the seat of the disease.

It may be remarked that the spheno-palatine ganglion guides the poisonous secretion in serpents and other venomous creatures. As a general rule, the animal must be irritated and angered to excite the flow of venom; and this seems to hold good in hydrophobia.

Analogous disturbances are created in human beings and animals from various forms of passional excitement. The milk, saliva and other secretions will thus be rendered poisonous. Critical examination of the phenomena and conditions of hysteria would disclose very much in this direction. Diseases are not so numerous as the books set forth, but are more generally differentiations of a single morbid principle.

Common-sense dictates to the physician that the poisonous material should be got rid of as soon as possible, and the patient sustained in strength till the peril is over. Unfortunately for our knowledge, very few cases called hydrophobia are such in fact; a scare and a craze constitute the principal features of the popular literature of the subject, and the ridiculous and absurd proclamations of mayors commanding the muzzling of honest dogs and the promiscuous slaughtering of the rest. But, then, most people must be fools about something, and this is one way. To be rational in the matter, there should be more bitches saved alive, or more male puppies slaughtered. I favor the latter view; though to avoid utter depopulation, I would spare the human ones.

I cannot argue the Pasteur notion well. A man to speak candidly or even intelligently on any subject must have believed in it even. I never caught the microbes, bacteria, bacilli, nor any other of the "varmints" that seem so omnipotent in recent nosology. I believe that such creatures are, at the utmost, only sequences, and by no means causes, of morbid conditions, as the inhabitants of stagnant pools and decaying carcases are attendants upon stagnation and putrefaction. I believe that there is more contagious life in this universe of ours than death-peddling monsters, mammoth or minute. Immunity is obtainable from salubrious conditions, not by poisoning the body with morbid and putrid substances.

The conjecture that immunity from epidemic and other pestilential visitations has been obtained chiefly as the result of natural selection, heredity, etc., appears to me unfounded and inconclusive. The history of the Eastern Continent seems to show that sanitation and improved arts of living were the chief causes of improvement. Plagues used to prevail over Europe at brief periods of time. They do not now. Yet they infest every Asiatic country where the population are ill-nourished, ill-sheltered, and in unwholesome sanitary conditions. They prevailed there before they appeared in what we know of European history, and show no sign whatever of wearing out. Our other scourges are the consequences of insalubrious circumstances. Scarletina, the American scourge, and its aggravated form, diphtheria, break out in school-houses, poor families, crowded and uncleanly dwellings. Small-pox originates *de novo* and rages where the people are overcrowded, ill-fed, and in other conditions favorable to putrid and erysipelatous disease; and individuals living in such surroundings have it over and over again. Cholera begins in slums, and where crowds of people group together neglecting the commonest habits of cleanliness. But they all yield, and may be kept off, by careful and proper sanitation. Even now, the great majority of those who live in comfortable houses, who wear cleanly apparel, eat humanly and of wholesome food, and avoid fatigue and excess, enjoy almost total immunity.

The following extracts, from John W. Draper, afford good evidence on this subject:

"Though not without a little resistance on the part of the clergy, men began to think that pestilences are not punishments inflicted by God on society for its religious shortcomings, but the physical con-

sequences of filth and wretchedness; that the proper mode of avoiding them is not by praying to the saints, but by ensuring personal and municipal cleanliness. In the twelfth century it was found necessary to pave the streets of Paris, the stench in them was so dreadful. At once dysenteries and spotted fever diminished; a sanitary condition approaching that of the Moorish cities of Spain, which had been paved for centuries, was attained.

"Paving was followed by attempts, often of an imperfect kind, at the construction of drains and sewers. It had become obvious to all reflecting men that these were necessary to the preservation of health, not only in towns, but in isolated houses."

But between these diseases and hydrophobia the analogy has never been shown. The microbe is a scholastic conjecture. Any attack of it would be as rational as the onslaught of Don Quixote against a wind-mill. The inoculation theory is not philosophic, and any reasoning upon it from premises which are only conjectures would be idle. It is a proposition that has not been proved. As a practical matter, the thing cannot amount to much. Few dog-bites ever cause hydrophobia, and few of the cases cited are really hydrophobic. Any craze or excitement worked up about it will be of little account, except an auxiliary to kindred notions. Intrinsically it is nothing.

Whether M. Pasteur is honest, deceived, or an impostor, I do not care to consider. He has gained a factitious fame, and is making money. In many men's eyes this is success. But for all that, it is none the less my belief and conviction that when the truth of the matter shall be evolved, his methods, one and all, will be swept away as by a besom, leaving but a memory to know them by.

ART. X.—The One Law of Cure.—By G. A. ROWE, M. D., of ST. LOUIS.

It does seem to be a hard lesson for physicians to learn anything about this "law of cure" in medicine. One set of fellows claim that their law of cure is the only correct one, and another set of fellows claim their "law" is the only correct one, each differing from the other, possibly, as widely as a teetotaler differs from a "tooper." Our allopathic lion shakes a finger of threatened extermination at the little pellet lamb, because he does not accept the doctrine of "*Contraria contrariis curanter*;" and the little pellet purger swears more firmly by "*Similia similibus curanter*." The allopath says the homeopath's patients get well because there was nothing the matter with

them, and the homeopath says the allopath's patients get well because they were too much for both the doctor and the disease. They are continually at swords' points, abusing and calling each other names. Occasionally, as the allopath and homeopath go along the street, they see a fellow who calls himself an eclectic, and they look at each other and try to guess what he is and how his patients get well. They have never found out just what this timid eclectic is, and they haven't the remotest idea how he cures his patients. The homeopath rather thinks the eclectic tries to steal some of his "thunder;" and the allopath says "he is a sort of 'go as you please' fellow—a little bit of everything and not much of anything." They have formed many opinions about him, and have given him up as an enigma; yet this eclectic goes along, oblivious, as it were, of the amount of curiosity he is exciting, and cures his patients with an alarming degree of success. The question then naturally arises, how does he do it? Not by "*Contraria contrariis curanter*;" not by "*Similia similibus curanter*;" not by "*Opponens opponendi curanter*." If by none of these, then, pray how does he cure them? I will tell you how he does it, and when you hear it you will wonder why a learned profession has been so many thousand years finding it out. It is plain to be seen that the allopath's law of cure is fallacious, for if it were not the homeopath's patients would all die; it is equally plain to be seen that the homeopath's law of cure is just as fallacious, for if it were not the allopath's patients would all die. These are the two extremes: which is right? or are they both right or both wrong? The eclectic claims they are both wrong—that neither law can stand any sort of a test. Let us see. It is admitted by all schools of medicine that the medicine given does not of itself cure the disease. I think the truthfulness of that proposition is fully established. Well, if the medicine does not cure the disease, what does it do? It simply *affords the conditions* by which Nature can re-assert herself and do the curing. That is all medicine ever has done or ever will do—it *affords the conditions*. The allopath comes along and sees Dame Nature vainly struggling with the "green-eyed monster," ague, and he says to her: "Why, my good old dame, take my hand and let me help you out of your trouble." He assists her by placing in her palms a few doses of calomel and quinine. By his assistance *such conditions are afforded* by which the disease is compelled to surrender. The ho-

meopath comes along, and finds the good old dame fighting an awful fight with cholera infantum, and he says: "My dear old lady, take these pellets of ipecac. and nux alternately every hour, and see whether you can't defeat the 'grim monster.'" She takes the pleasant little pills, and the cholera infantum is compelled to take to its heels. The doctor helps her to *afford such conditions* that the disease is obliged to give up. Over across the way comes Mr. Eclectic, and he, too, sees poor old Mother Nature in a desperate encounter with diphtheria. With his usual politeness for ladies, and particularly his mother, he says: "My dear old mother, take a teaspoonful of this phytolacca solution, and laugh at those little diphtheritic micrococci." She eagerly partakes of the doctor's potion, and by his aid *such conditions are afforded* by which the disease is quickly subdued. Now, what has each doctor done? He has simply assisted Nature; he cured nothing, but afforded the conditions so that Nature could do the curing. Well, how did Nature do it? According to the allopathic law? No. According to the homeopathic law? No. According to the eclectic law—if there is one? No. If not by the allopathic, homeopathic or eclectic law, by what law did she cure? *She cured by her own law*, and it does not belong to the allopath, the homeopath, the eclectic, or anybody else. I don't know what her law is, but she has it, and it is her own secret, which she has never given to the public, and probably never will; it will never be known at any rate until it is known just what happens when life escapes. She is not foolish enough to keep an infallible law on hand for every fellow that wants a law to suit himself. She thanked the allopath for what he had done; she thanked the homeopath for what he had done; and she thanked the eclectic for what he had done, but she paid no attention to any of their laws of cure. Now, what's the use for an allopath to say "*Contraria contrariis curanter* is the only law in medicine, and he who does not subscribe to it is a quack?" What's the use for the homeopath to say: "Our provings of drugs are infallible, and the only law of cure is *Similia similibus curanter*?" What's the use for the eclectic to say, "I've got a little law of cure of my own, and my law is the only one that holds good in all instances?" Well, the fact is, the eclectic don't say any such foolish thing, and that is one point in which he differs greatly from his more presumptive colleagues. I should like to have any allopath tell me *how* his dose of quinine

cured the ague given allopathically. I should like to have any homeopath tell me *how* his pellet of arsenicum cured the ague given homeopathically. Here we have two very similar cases of disease, in which one was treated by the homeopathic law and small dose, and got well; the other was treated by the allopathic law and large dose, and got well. Was one cured by one law and the other by another? Not at all; both were cured by the same law, which is *Nature's law*, and how she effected the cure in either case I challenge any man to tell. What does this prove? It proves the *absolute fallacy* of the allopath's and homeopath's pet theory—his law of cure. When the homeopath says he establishes a *pathological condition* similar to that induced by a given disease, when he administers his drugs to the well man, he talks foolishly. He certainly does not mean to say he can *grow* a pathological condition similar to that produced by diphtheria or scarlatina by giving drugs to the well man. If he does, where does he find subjects that are willing to go on far enough with the provings to show all the different phases of a diphtheria or scarlet fever, and even allow themselves to die for the sake of establishing *correct provings*. If he don't have such patriotic subjects, how does he know what to give in the advanced stages of these diseases. We cannot help but smile a little when the *harmless sugar* man tries to convince us of the value of his wares or the infallibility of his law. The allopath's claim that he establishes a "drug disease" which shall be so intense in character that the primary disease cannot exist is equally as unreasonable, as unscientific and as untrue as the homeopath's claim. They both claim to be that which they are not, and yet we hear them whispering about other people being "pretenders." So far as dosage is concerned, there is no inflexible rule governing it; the only way it can be determined is by the vitality of the patient and the intensity of the disease. No sensible man would think of giving a little baby as big a dose of medicine as a strong man; nor would he give to grandma as much as to her big nephew, John. Nature pays little attention to the big dose of the allopath or the little dose of the homeopath, unless they become altogether unreasonable, and then she "surrenders the ship" to her formidable assailants. As a rule, it takes little medicine to satisfy her, and she appropriates what she wants and throws off the rest. There is such a thing as *common sense* in medicine, and no matter who the personage may be, if he loses sight of that grand guide, he has lost the

greatest principle in medical science. The eclectic physician claims to be one of the "common sense" kind—not "dogmatical" or seclusive in any way; but, on the other hand, is proud of his freedom of thought and action. In short, the eclectic claims to be a servant of nature—he endeavors to "preserve the forces of life" by affording such conditions with his remedies as to allow nature to effect the cure; he acknowledges no law of cure except nature's law; he tries to measure the intensity of the disease and the amount of vitality of the individual, and then give enough medicine to assist nature in overcoming the disease; he endeavors to determine the pathological condition induced by the disease, and then give such remedy as will have a tendency to favor a return of the diseased part to the normal condition; in other words, *he seeks to learn the kind of tissue diseased, to what extent and in what manner it is diseased, and then give such medicine as he knows to have a particular action upon such tissue.* That is the way an eclectic treats his patients; that is the way he tries to let nature do the curing; and that is what he claims is common sense. He claims to be occupying the only true ground in the medical field, and he expects to live to see the day when all medical men will want to walk on the same kind of ground. Very strong efforts have already been made by those who were in doubt as to just where they were walking, to crowd him off his favored land, but they have failed in their efforts. He has been charitable with those who have been his enemies and called him "quack" (a term which gentlemen and scholars do not use unless they are sure of its proper application), for they knew nothing about him—"knew not what they said." Once they learn his teaching and doctrines, they will be astonished how practical he is; how sensible he is; how much nearer the truth and how much more scientific he is than they. It took hundreds of years for the ancients to learn that disease was not an invasion of an "evil spirit," and the way to treat it was not to burn the unfortunate one at the stake; but it has taken *thousands* of years for our allopathic and homeopathic friends to learn that their "laws of cure" are just as ridiculous as the ancients' conception of the cause of disease. Indeed, comparatively few of them have learned it yet, for they still stick to their silly and erroneous doctrines, claiming everything for them, but proving nothing. Those who do know better will not admit it, for fear of sacrificing their standing. I like to see people admit the

truth when it is known, and not dodge around the corner when they see it coming. Why don't they say frankly that they *dare not admit* the truth, because if they did, the dear hobbies which they have ridden so long and so gallantly would die a premature death. The people, however, are beginning to do a little thinking for themselves, and the time is dangerously near when the doctor will be obliged to define his position, and, if it is unreasonable, he will be invited to pass on. "Time, in the end, makes all things right."

ABSTRACTS.

Electricity as a Therapeutical Agent in Gynecology.—By PAUL F. MUNDÉ, M. D., in *Amer. Jour. Obstetrics*, Dec., 1885.

[CONTINUED FROM JANUARY JOURNAL, PAGE 28.]

By referring to our January issue, the reader will find that certain instruments and accessories are referred to by Dr. Mundé; and we take pleasure in being able, through the kindness of Waite & Bartlett, of New York, who have furnished us with the electroplates, to illustrate the electrodes mentioned.

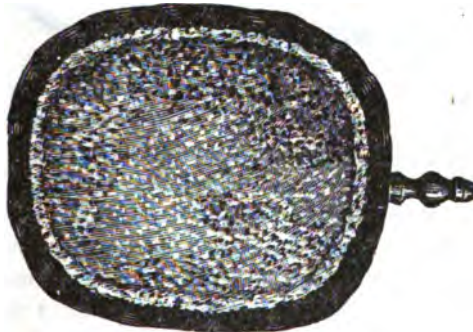


FIG. 1.—Large flat sponge electrode.



FIG. 2.—Ball electrode for vaginal vault, used in chronic ovaritis, cellulitis, and peritonitis. The detached balls of different sizes can be screwed to the rod.



FIG. 3.—Olive electrode, for vaginal vault in virgins, or for rectum.



FIG. 4.—Vaginal electrode.

FIG. 5.—Intra-uterine electrode insulated to within $2\frac{1}{4}$ " of tip.FIG. 6.—Intra-uterine electrode insulated up to within $\frac{1}{4}$ " of tip, for fundus only.

FIG. 7.—Intra-uterine electrode for confining the current to the uterus alone.



FIG. 8.—Cup electrode for cervix uteri.

CASE IV.—Mrs. H., 28 years, mother of three children, the youngest six years of age, had always suffered from irregular, scanty menstruation, with cold hands and feet. Ultimately the resulting insomnia became so distressing that she consented to submit to local treatment to regulate her menstruation. I found the uterus ante-flexed, hyperplastic; the cervix swollen and blue. I first tried the steady, irritating influence of a galvanic stem, but decided to employ less dangerous means, after being suddenly called for intense uterine colic one day some two weeks after I had introduced the stem. I then began a regular course of intra-uterine galvanization, three times weekly, substituting the faradic current for a week prior to each menstrual epoch, and after having regulated the flow for about six months in this manner, had the satisfaction to see it return unaided in a perfectly normal manner for six years, during which two

children were born. Since the birth of the last child the lady has grown stout, and her old menstrual irregularity has returned in a less degree. Two or three times a year she comes for electricity, and is temporarily relieved. But as she does not care to submit to a systematic course of treatment, the benefit is merely temporary.

3. *Subinvolution of the Uterus and Menorrhagia*.—In this condition, which may exist for from three to six months after a confinement or abortion, the uterus is abnormally large, soft, succulent and vascular; both its muscular and vascular elements require contracting, and the circulation needs stimulation in order to hasten the normal retrograde metamorphosis. Therefore the faradic current is especially indicated. But if the subinvolution is less recent, and the uterus has become somewhat dense and hard, the constant current will act very well in promoting absorption of the adventitious elements. The rapidly interrupted *constant* current will often be found more efficient than the faradic in these cases.

As subinvolution is usually accompanied by menorrhagia, or even metrorrhagia, it is best not to irritate the endometrium by sounding; hence intra-uterine electrization should be avoided, and the current should be passed through a cup-ball or olive applied to the cervix.

Frequent, mild sittings are necessary, except when there is menorrhagia, when the strongest faradic current only should be given, in order to produce as powerful a contraction of the uterus as possible. Usually, however, the effect will be gradual, and only little by little will the uterus diminish and the profuse flow decrease.

4. *Hyperplasia Uteri*.—I have seen a great deal of benefit in this distressing, although by no means serious affection, both in the relief of reflex neuroses and in a gradual moderate diminution in size and hardness of the uterus. As the peculiarity of this condition, which is a very common consequence of subinvolution, is an excessive formation of areolar tissue, which gradually assumes a density similar to fibrous tissue, the object of treatment should be to promote the softening and ultimate absorption of this abnormal tissue. This is best done by long and frequent applications of the galvanic current, which should be passed through every part of the uterus as thoroughly as possible. As menstruation is usually scanty in marked cases of hyperplasia, intra-uterine galvanization is decidedly indicated, precisely the reverse from subinvolution. But as there is no disease of the female reproductive organs more difficult to cure

than inveterate hyperplasia of the uterus (Scanzoni, indeed, pronounces it incurable), it is evident that only perseverance will insure improvement. And relapses are frequent.

The current should be used as strong as the patient can bear it, twelve to eighteen cells, the negative pole being internal. But it should be borne in mind that the intra-uterine pole is uncovered metal, and that a milder current must be used than when the covered ball merely touches the cervix. A very strong negative current passing from a metal sound might easily cauterize or char the endometrium, and do serious injury.

I do not pretend to explain the manner of action, but I know that I have seen the cephalalgia, the hemicrania, the intercostal neuralgia, and the gastralgia, which so commonly accompany hyperplasia uteri, disappear under a steady course of uterine galvanization, although the uterus itself showed no change. I will relate such a case later on, when speaking of pelvic neuralgia (see Case XI). Perhaps the galvanization of the ovaries, which no doubt come in for their share of the current, may have something to do with this remote benefit.

I have seen so many such cases that it is difficult for me to pick out one as illustration, for they are all more or less alike.

5. *Superinvolution of the Uterus.*—For some unknown reason, nature at times overdoes her work, and the reverse of that common condition, subinvolution, takes place, the uterus, with or without the ovaries, becoming atrophic after parturition. This affection may be irremediable, particularly if the ovaries are included. But in the early stage an energetic stimulation of the organs will generally prove effectual. Intra-uterine faradization, the galvanic stem, sponge-tents, irritant applications to the endometrium; in fact, precisely the same treatment as that described under defective development. Here also must it be the object to bring on regular normal menstruation as the evidence of normal ovulation.

I have been fairly successful in the few cases of superinvolution which I have seen. Fortunately they are not very common; at least not in my experience.

CASE V.—Mrs. G., Sacramento, Cal., 24 years of age; one premature confinement, at seven months, two years before. Since then irregular and scanty menstruation, skipping two or three months, and never unwell more than one or two days, very slightly. At the same

time, peculiar hysterical symptoms, simulating melancholic mania, persistent insomnia, and pain down the whole length of the spinal column, chiefly in the cervical and lumbar regions.

Examination showed retroversion of the second degree and an atrophied uterus, the sound entering barely two and one-quarter inches. The ovaries could not be felt.

Steady intra-uterine galvanization, with faradization before the expected period, brought on a moderate flow, and a continuation of this treatment during three months not only restored the uterine cavity to its normal depth and re-established normal menstruation, but also entirely relieved the nervous symptoms and the insomnia; a lever pessary kept the uterus in its normal position, and the lumbar ache disappeared. The large flat sponge was in this case placed part of the time on the hypogastrium, and for the last half of the sitting over the lumbo-sacral region.

The patient returned home greatly relieved, wearing the pessary, and I heard some months later that she still menstruated regularly and felt well. In this case I do not think the ovaries were affected. I at first inserted a galvanic stem, hoping that it could be worn; but it produced a constant muco-sanguineous discharge, which annoyed the patient and kept her mind fixed on her uterine disorder; hence I removed it. The salts of manganese were tried for a few weeks at first, but without apparent benefit. I have no doubt that the mental and nervous disturbances were hysteroneuroses directly dependent on the imperfect performance of the menstrual function.

6. *Chronic Oöphoritis and Pachy Salpingitis*.—There is no more distressing affection in the range of gynecology than the so-called "chronic inflammation of the uterine adnexa." Recurrent attacks of congestion, perhaps at every menstrual epoch, in course of time produce a hyperplasia of the inter-follicular tissue of the ovary, and the organ becomes dense in structure and more or less enlarged. I have always felt that an ovary so diseased closely resembles a tonsil when the latter undergoes the gradual process of hyperplasia and induration produced by a succession of attacks of "sore throat." Each attack is but slight, perhaps, but is sure to leave its trace in the shape of a persistent hyperemia and in time an increase of fibrous tissue, and as there is no cure for these enlarged tonsils but their removal, so also will chronic ovaritis persist until the offending organ is removed; all the text-books tell us this. Thomas,

in his last edition, says that he has nothing to add to the unsatisfactory palliative treatment which he recommended in the preceding edition six years before. Counter-irritation outside (tr. iodine and blisters) and inside (tr. iodine, or tr. iod. and tr. aconite equal parts, to vaginal vault), iodoform and glycerin tampons, hot douches, narcotic suppositories, comprise this treatment; and while I, for my part, certainly relieve many cases by it temporarily, I quite as certainly feel compelled to admit that the *restitutio ad integrum*, the restoration of the ovarian tissue to its norm, a cure in fact, is not achieved.

The same applies with perhaps more force to the results of a chronic catarrh of the Fallopian tubes, that is, to the hyperplastic, inflamed condition of those organs which I have ventured to designate by prefixing Pachy to Salpingitis. The tubes have lost their flexibility and softness; they are hard, rigid, and double or more their natural diameter, not through dilatation of their walls, but through hyperplasia of their walls. Hence the term "Pachy-salpingitis," in distinction from hydro- or pyo-salpinx.*

In addition to the disease of the ovaries and tubes, there is generally more or less exudative or adhesive inflammation of the neighboring peritoneum (peri-oöphoritis), which more or less distorts the relations of the organs. I think that chronic oöphoritis is generally accompanied by pachy-salpingitis (more or less), wherefore the two conditions go together. The symptoms produced by these pathological conditions are sufficiently distressing to render life a burden to the sufferers, and to lead them finally, in the absence of relief from any other treatment, to agree to the alternative of removal of the diseased organs or death. Unquestionably, salpingo-oöphorectomy is the only sure cure for this disease, and in the hands of Lawson Tait the operation seems almost devoid of danger. Few other operators, however, have been so successful as he; and besides, there are many cases in which the pathological changes are not yet so marked, in which the sufferings are confined to the men-

* Kaltenbach, in a recent number of the *Centralbl. f. Gyn.*, No. 43, Oct. 24th, 1885 (received after I had written the above), calls attention to a hypertrophic condition of the Fallopian tubes not hitherto appreciated, as the result of chronic purulent salpingitis. He states that this hypertrophy of the muscular tissues of the tubes is often dependent upon stenosis of these organs, and is usually difficult to diagnose.

strual periods, and in which there may still be hope of conception and a possible ultimate cure. Such instances are recorded, and it hardly seems fair to deprive a young married woman, for instance, who ardently longs for offspring, of all such hope (not to mention the immediate risk of the operation), by removing her uterine appendages so long as the case still presents the least reasonable expectation of conception. Let this event once occur, and there is every possibility of the gestation going to term, and after that, if you will, "*le deluge*."

Now, I have seen much benefit follow persistent treatment by blisters over the ovarian regions (two a month), and the other measures mentioned, and I have always felt it my duty to thoroughly exhaust these remedies before resorting to oöphorectomy, always excepting those cases in which at the outset, when first seen, the condition was such as to render delay in operating useless or dangerous (hydro- or pyo-salpinx; recurrent dangerous peritonitis, etc.).

In such cases, where delay seemed justifiable (and they are the majority, in my opinion), I have found the above palliative measures greatly assisted by a steady use of a mild current of galvanism, passed through the affected organs by means of a large ball in the vagina (positive pole), and a large flat sponge (negative pole) over the diseased side of, or the whole abdomen. Each sitting to last at least half an hour, and the current not to exceed twelve cells, with no interruptions or shocks.

Many such a patient has lain down on my examining table complaining bitterly of the pain "in her side," and within ten minutes has been absolutely free from pain, and has left the office feeling perfectly well, and this relief has often lasted for hours, or days, sometimes until her return to me two days later. And in course of time the relief from pain has been almost or quite complete, and I have discharged the patients, both they and I feeling that they had been greatly benefited, although I frankly told them that I nor no one else could cure them by such treatment, and that relapses were not improbable.

In addition to this anesthetic influence of the constant current, I can positively affirm that I have gradually felt the diffuse "thickening" in the broad ligaments diminish, become less hard, more movable, and less tender to the touch. I cannot remember ever seeing the swelling of chronic oöphoritis and salpingitis disappear

entirely under palliative treatment; but my patients and I were satisfied with the relief which, for a time at least, delayed the dreaded operation.

CASE VI.—Mrs. C. O. S., 27 years; married twice, the second time four years ago; no children, but two miscarriages two years before, both during the same year. After first miscarriage was confined to her bed with fever, and pelvic and abdominal pain, for several weeks; this occurred again after the second miscarriage, when she was more seriously ill. Since then she has been confined to her bed during each menstrual period by profuse hemorrhage and severe pelvic pain, has become thin and pale, and is scarcely ever free from distress in the hypogastric region, chiefly on the right side. She had heard a great deal of the present operative tendency, and was in dread of having some disease which would require the removal of her ovaries and womb, more or less, according to the popular idea of these organs. She was extremely anxious for a child, and was willing to do anything but deprive herself of that hope.

I found the uterus immovably ante-latero-verted, the fundus to the left, the cervix drawn toward the right, and adherent there; in the right broad ligament, a well-marked very tender swelling, which was evidently the inflamed and swollen ovary and tube; in the left broad ligament a much smaller and less tender mass. The diagnosis was perfectly plain, and the prognosis equally so. It was a case for removal of the uterine appendages, if the patient was to be relieved from her suffering, which certainly prevented her from enjoying life, and was gradually making her a chronic invalid. I told her so. She asked in reply whether nothing could be done to give her relief, so that she could at least be free from intermenstrual pain and suffer a little less at the periods, and whether it might not be possible for her to conceive at some future time. She said she had come to me because she had heard that I would give her a chance of being relieved before insisting on a capital operation; and she wanted to take that chance if it existed. I told her that I could give her no hope as to a cure (except by operation), little of relief, and still less of conception, but that I was willing to try what palliative treatment would do if she would give me at least three months. To this she assented, and I began a regular course of galvanism every other day, iodoform and glycerin tampons after each sitting, two blisters a month over each ovarian region; hot vaginal

douches. Tonics (chiefly iron, which she greatly needed), malt; and at the period at first one or two suppositories of extract of opium, according to the pain, and hot applications to abdomen. These latter remedies were used only during two periods. The patient began to improve within a month, the intermenstrual pain diminished; she said she could feel the relief each galvanic sitting gave her. It certainly was not the iodoform which did it, although that may have helped a little. Her appetite improved, she gained flesh, and could walk quite long distances without feeling tired or experiencing pain. There was apparently little change in the local condition, except that the swelling was less tender and softer, perhaps a trifle smaller. The uterus remained immovable. But the general health of the patient improved so much, partly in consequence of the freedom from pain, that after five months of treatment she returned to her home in the western part of the State, with directions to continue the galvanism if she felt the need of it. This, her husband informed me by letter last September, was not the case, since his wife continued "amazingly well," and was growing stout; they were just going on a trip abroad, and would call to see me on their return.

CASE VII.—Miss K., 36 years, governess, had for a number of years noticed an increasing pain in the iliac regions during menstruation, which finally became almost constant. During menstruation the pain was so severe as to confine her to her bed for the first three days; it was not only colicky, but sharp darting, which latter quality she minded far more. She was not conscious of ever having had pelvic inflammation. Besides she had a profuse yellow discharge. Examination showed an intact hymen; the uterus in normal position, but almost immovable; in each broad ligament an oval, irregular swelling, most distinct on the left side, exquisitely tender to the touch, its outlines indistinct. A specular examination revealed an erosion of the cervix, and yellow discharge escaping from the external os. Diagnosis, chronic ovaritis, and pachy-salpingitis; chronic endometritis. Prognosis, incurable except by removal of appendages. Perhaps, remediable temporarily by local treatment outlined in previous case.

This prospect was made known to the lady, who at once chose the palliative course, saying that she could have the operation done later if it still appeared necessary.

She was treated without interruption for over three months, with

marked benefit. Her intermenstrual pain left her entirely, with the exception of an occasional reminder; during the periods she no longer had the cutting, darting pain; the "cramps" she said she could easily endure. The endometrium I dared not touch, hence the endometritis could be reached only by hot vaginal douches. Still, the discharge was diminished, at least apparently, being washed away by the douches. The patient went to the country last July, feeling very well satisfied with the result, considering that her case was incurable, except by operation.

Now, of course, I know very well that all this palliative treatment is mere trifling, if ultimately the radical operation must be performed. And I also know that the relief is more than likely to be only temporary, and that a cure is not to be expected. But, on the other hand, many cases are still remediable by treatment; in others, the near approach of the menopause offers a prospect of spontaneous permanent relief; and further, conception may take place during the palliative treatment, since none of us can deny the possibility of that occurrence so long as we cannot by physical examination prove the absence of ovulation and the impermeability of the tubes. Hence, I believe it to be not only justifiable, but proper to temporize in favorable cases, and to defer the radical operation until it is found indispensable. Of course, the decision much depends on the calm judgment of the physician, and the consent of the patient, in such case, not upon general sweeping assumptions. I know that many of these cases can be relieved for a time by galvanism, and that is what I set about to demonstrate.

7. *Chronic pelvic cellulitis and peritonitis.* 8. *Pelvic neuralgia, local and reflex.* 9. *Pelvic lymphadenitis and lymphangitis.*—I shall discuss these three pathological conditions together, because the symptoms which they produce and their treatment are to a great extent identical.

By "chronic" pelvic cellulitis and peritonitis I mean the condition frequently remaining after an acute attack of peri- and para-uterine inflammation, where for months and even years the fixation or immovable displacement of the uterus, the rigid vaginal roof, the thickened and contracted broad ligaments, furnish undoubted proof that such an inflammation once was present. The patient herself may not be aware of, or remember, the fact, for pelvic peritonitis (rarely cellulitis), in its minor degrees, is often a very latent affection,

and may produce no symptoms other than diffuse pelvic pain, while the patient is on her feet. I have found the whole vaginal roof solidified, and the uterus immovably fixed, without the least history of pelvic inflammation.

As evidences of preceding pelvic peritonitis, we have chiefly the rigid vaginal roof, the immovable uterus, either in its normal position, or, if displaced, generally retroverted, with adherent fundus; the contracted retro- or ante-uterine ligaments. The symptoms are diffuse pelvic pains, chiefly at the time of menstruation, and most severe in the ovarian regions. For the ovaries are often enclosed in filmy or dense adhesions, or with the tubes are dislocated or shrunken. These diffuse pelvic pains are frequently very intense; they keep the patients at home, more or less in the recumbent position, and prevent their taking exercise or being long on their feet. It seems that in the erect posture, or when intra-abdominal pressure is exerted, as during coughing or defecation, the adhesions are strained.

Treatment for these old pelvic adhesions is very unsatisfactory. Iodine applications to the vaginal vault, glycerin and iodoform tampons, hot douches, rest, sexual abstinence—these are the routine measures, which certainly, in course of time, do some good. But for the relief of the pain and, to a slight extent, the softening of the adhesions, I know of nothing like the galvanic current, mild, painless, frequently given and long continued. The anesthetic influence is particularly marked. I will relate but one case:

CASE VIII.—Mrs. A. M., 26 years, married five years, childless, came to me from Athens, Ga., because a year previously I had cured her sister of an anal fissure which, I was informed, had baffled her family physician. Mrs. M. had a history of pelvic inflammation four years before, since which time she had been an invalid, scarcely ever free from diffuse pelvic pains, ovaralgia, sacralgia, bearing-down. She also had an anal fissure. She had consulted an eminent gynecologist of this city, who had advised oöphorectomy. I found the uterus retroverted, immovably adherent, vaginal roof solid, cervix low in vagina, vagina short, left ovary prolapsed, adherent, very tender, right ovary not distinctly palpable. I first cured her fissure by dilatation, thinking that possibly some of her pelvic pain might be reflex from the fissure. But while defecation became painless, the peculiar ovarian and suprapubic pain, and the bearing-down, persisted. So I began to use iodine to the vaginal vault, and iodoform

and glycerin tampons. But the patient either did not bear the iodine well, or the pressure of the tampons distressed her. In fact, I found that she could never wear more than one small glycerin tampon with comfort. I tried local galvanism, the large sponge first over the abdomen and then over the sacrum, the negative ball in the vagina; ten to sixteen cells, half an hour every other day. A plain glycerin tampon at end of each sitting. After fifteen sittings the patient had improved so much that she could walk a mile or more, and scarcely ever had any pelvic pain; she wanted to return home, but before discharging her I yielded to her solicitation to enlarge the external os, which one of her former physicians had told her was contracted, and was the cause of her sterility and dysmenorrhea. I did not agree with this view, but as the patient harped on this point, and appeared determined to have it done, I thought no harm could come by making a shallow cervical incision into the lips of the os, and trimming off the flaps, of course avoiding traction of the uterus, which was still immovable and retroverted. There was scarcely any pain now on pressure in the vaginal vault, and there seemed no danger of relighting the peritonitis of four years before. I enlarged the external os, carefully avoiding traction or dilatation (I had never dared introduce the probe), and as a result set up a furious pelvic peritonitis which kept the patient in bed for six weeks, and put her precisely where she was before she came under my care. As soon as she was able to come to my office, I recommenced the galvanism, and after about a month's treatment she was as well as ever, and was discharged last March, wearing a small soft-rubber Albert Smith pessary, which she thought gave her some support in walking. I gave her directions about the continuance of the galvanism, and have not heard from her since. Hence I infer that she is doing well, as she was of the kind of patients who would be sure to let me know if my treatment had not proved effectual.

CASE IX.—Perhaps the most satisfactory case of benefit from local galvanism in chronic peritonitis was that of Mrs. S. B., 27 years of age, nullipara, married five years, who, since a miscarriage four years before, which was followed by a very severe attack of pelvic peritonitis, had suffered from frequent attacks of pelvic pain, which was localized chiefly in the left ovarian region, and had had several exacerbations of peritonitis. She had grown rapidly stout, her menstruation was irregular and scanty (sometimes skipping four or five

months), and she remained childless. I found the uterus immovably fixed, the vaginal vault rigid and tense, the left ovarian region exquisitely tender. Careful passage of a probe produced dangerous reaction, so that I never dared repeat it. Hence I have never been able to benefit her sterility. But frequent local galvanization gave such relief, each sitting being immediately followed by absence of pain, that for several months she insisted on a daily sitting. In course of time she improved so much that only once in a while now does she call on me, when her left side feels badly, and I am glad to say that I can immediately relieve her.

In chronic cellulitis, we find more distinct effusions than in peritonitis; a hard, immovable lump in the broad ligament, one or more small, immovable nodules behind or to either side of the cervix, or a flat callosity apparently attached to the pelvic wall. The cervix is generally pushed to the opposite side by the callus, and is then more or less immovable. The lumps may be very tender themselves, or their direct pressure produces pain in one of the large nerve trunks which supply the leg. Thus sciatic and crural neuralgia are frequently met with as the result of callosities in the cellular tissue over the sacral foramina, the sacro-ischiatic notch, and along the anterior pelvic wall. Here the routine treatment by iodine, etc., is decidedly more beneficial than in chronic peritonitis; but galvanism most quickly relieves the pain, and I have known it to do so permanently in several instances.

CASE X.—Mrs. E. E. R., 30 years, multipara, was seized with a severe acute cellulitis after imprudent exposure at the menstrual period. Blisters, poultices, and hot injections after the usual time gave relief, and the exudation, which was entirely in the right half of the pelvis, seemed in a fair way to be absorbed, when suddenly an excruciating neuralgia of the right sciatic nerve made its appearance. The pain could be at once excited by pressing on the lowest point of the now very small exudation in the pelvis. The patient suffered so much that I was obliged to give her two or three hypodermics of morphine daily, and I looked about me for some other remedy to relieve the pain, and perhaps cure the neuralgia permanently. It occurred to me to use galvanism, and I had my portable sixteen-cell battery sent to her house. I introduced the leather-covered ball into the vagina, connected it with the negative pole, and placed a large sponge with the positive pole over the right hip. To my great

surprise and disappointment, the current increased the pain so much that I had to stop it. Feeling at a loss what to do for the neuralgia, I asked Dr. E. C. Seguin to see the patient with me. He agreed with my opinion that the sciatica was caused by the pressure of the exudation on the nerve at its point of exit, and advised reversing the current, so as to connect the positive pole with the internal electrode. The effect was instantaneous, and in five or six applications the pain was permanently relieved, and never returned.

This taught me to apply the positive pole to the tender spot, since the negative pole was too caustic and powerful, and increased the pain.

The following case is an instance of relief of a distinct reflex neurosis, as well as a transmitted sciatica, depending on the pressure of an old cellutic callus, by the galvanic current.

CASE XI.—Mrs. C. S., 38 years, married twice, one child by first husband eighteen years ago. Since then a sufferer from gradually increasing attacks of hemicrania (migraine), several times a month, most intense just before the menstrual period, and from frequent acute pain in the right thigh and leg. Examination showed a deep bilateral laceration of the cervix, and on the right side of the pelvis a small, hard, tender lump, connected with the angle of the right tear, and evidently an old cellutic callosity. Pressure on this immediately brought on the sciatica in the right leg.

I at first tried the local iodine treatment (this was before I had become sufficiently impressed with the value of local galvanization in these cases, although after I had seen its benefit in Case X.), but the pain was increased thereby. I then began with galvanism, the positive pole internally, and improvement soon showed itself in the sciatica. But curiously and unexpectedly, at the first menstrual period after the treatment was commenced, the hemicrania was much less than usual. Daily sittings were held, except during menstruation, for over two months, with constantly increasing relief of both sciatica and hemicrania, until the former had entirely disappeared, and the latter showed itself only slightly just before the period, and not at all in the interval. The galvanic sittings were then gradually reduced in number, and, finally, the little button of exudation having been entirely absorbed, to make the cure permanent, I sewed up the rent. Since then, now about four years, the patient has remained entirely well, with the exception of an occasional attack of

migraine, which may very well be attributed to her sedentary and luxurious habits.

I do not think that acute or subacute exudations are proper cases for local galvanization; at least, I do not believe that absorption would be greatly aided by this treatment, although Apostoli is enthusiastic in his advocacy of electricity for that purpose. I have always been afraid of exciting new exudations by too much handling of fresh cases. It is chiefly for old, hard exudations, which seem to resist spontaneous absorption, that I recommend galvanism.

There is a class of cases in which galvanism has also done me good service, which are, I think, often mistaken for chronic cellulitis, namely, chronic inflammation of the lymphatic glands and vessels of the pelvis. These cases are not so uncommon as one might be led to suppose from the complete omission of reference to the disease in nearly all the text-books. Only Courty (*Diseases of the Uterus*, etc., 1883), devotes a chapter to it. I have devoted some attention to the subject, and have stated my views thereon in an article in the *Journal of Obstetrics* for October, 1883.

The difference to the touch between small nodules of plastic exudation in the cellular tissue, and inflamed and enlarged lymphatic glands, is that the former are immovable, irregular in shape, very hard and only moderately tender; whereas the inflamed glands are freely movable (unless cellulitis is also present, when the differential diagnosis may be impossible), very tender, and are generally several in number, and of a regular ovoid shape. The glands are found normally behind the cervix, and toward the lateral pelvic wall on either side, two or three only in each locality.

The lymphatic vessels, when inflamed, have a doughy, bumpy, irregular feel, like a bundle of angle worms, are movable and very tender, and are likewise felt behind and to either side of the uterus. If behind, a rectal examination shows them very plainly.

As is the case with the lymphatics in other parts of the body, their inflammation is generally secondary to some focus of irritation in the cervix, or in the cavity of the uterus, such as a cervical erosion or laceration, or a uterine catarrh.

The usual treatment is first to remove the primary irritation, and then, if still necessary, allay the lymphangitis. The usual counter-irritants (iodine) and alteratives (iodoform, glycerin, hot douches, etc.) may answer the purpose. But I have twice seen permanent

relief follow only persistent local galvanization. One illustration will suffice.

CASE XII.—Mrs G., aged 24, nullipara, was sent me by Dr. Chas. Denison, of Denver, Col. She complained chiefly of severe and constant sacralgia, dating from an attack of pelvic peritonitis four years before. I found the uterus retroverted, firmly adherent and immovable; the left ovary prolapsed and adherent; behind the uterus a number (five or six) of small, very sensitive nodules, which could be very clearly mapped out through the rectum, and were evidently situated in the retro-cervical cellular tissue. These were evidently inflamed lymphatic glands. No pain was experienced on examination, except when these nodules were touched, or the attempt was made to lift up the uterus. I found the patient exquisitely sensitive to all manipulations; for, on passing the sound and gently testing with it the possibility of elevating the fundus uteri, she was seized with so severe pelvic pain that I was obliged to give her a hypodermic of morphine; in consequence of this she was nauseated, and I was obliged to have her put to bed, and to keep her at my house over night.

Naturally, I refrained from further active measures, and confined my efforts entirely to mild counter-irritant applications (iodine, iodoform, and glycerin) to the posterior vaginal vault, and to relieving the sacralgia by the galvanic current.

I passed an olive-shaped electrode into the rectum, connected it with the positive pole and placed the negative sponge on the abdomen. At times I placed the sponge against the sacrum, for the purpose of including the sacral nerves in the current. Rapid improvement followed; the pain soon left entirely, and I could distinguish a decided diminution in size and tenderness of the retro-uterine nodules. The lady came every day at first, and later ever other day, from Brooklyn, where she was staying with friends, and returned without the least discomfort, although it was winter. After about twenty sittings she expressed herself so much relieved that she felt she could safely return home. I have not heard from her since, but believe she or Dr. Denison would have informed me if her pain had returned.

I have no experience with a plan recently published by Dr. Baird, of Texas, who first arrested the exudation and relieved pain in a tedious case of pelvic cellulitis by the faradic current, and then,

when pus had formed, evacuated it by the aspirator, injected salt water, and galvanized the abscess-cavity, with the result of speedy contraction and cure. I think the practice exceedingly ingenious and plausible.

10. *Obstructive and Neuralgic Dysmenorrhea*.—In certain cases of dysmenorrhea no physical cause is apparent for the pain, except a comparatively slight constriction or distortion of the uterine canal; the sound passes readily without hindrance, but causes excruciating pain, every point of the endometrium, from external os to fundus, being exceedingly hyperesthetic. There may be a slight uterine catarrh, but not sufficient to account for the hyperesthesia. This is the neuralgic variety.

In other cases there is a slight obstruction at the internal os to the passage of the sound, merely a momentary obstacle, certainly not sufficient to prevent free, painless exit of the menstrual blood. But we may infer that the congestive swelling of the tissues at the menstrual period may produce a temporary obstruction to the escape of the blood, and thus cause pain.

In both of these varieties, local treatment by forcible dilatation and intra-uterine applications of carbolic acid may give temporary or even permanent relief. But I have known these measures to fail; and then I have found great benefit from intra-uterine galvanization, using the negative pole internally, and not exceeding ten cells, in order to avoid a decided caustic effect. I have thought that the sedative influence of the current, together with a mild electrolytic effect, might give relief. And I certainly have succeeded in widening and toughening the uterine canal, and in relieving the dysmenorrhea so long as the treatment was continued. I regret to say, however, that in several aggravated instances of the neuralgic or spasmodic variety the pain reappeared soon after the cessation of the galvanic treatment.

CASE XIII.—Mrs. A. B., 28 years, nullipara, married four years, has been suffering from most excruciating dysmenorrhea since marriage, for which persistent local treatment by intra-uterine applications, tents, and forcible dilatation, conscientiously employed by her family physician in the town where she lived, had been unsuccessfully employed.

I found absolutely no cause for dysmenorrhea except a slight endometritis, as shown by an eroded appearance of the lips of the os externum. The sound entered readily, but caused considerable

pain. Ovaries normal. As the usual remedies had been ineffectually tried, I forbore to experiment with them again. There was absolutely no indication for incising or dilating the uterine canal. I decided to give galvanism a trial, and began with a very mild current, using the utmost caution in introducing the sound electrode. After the first two sittings so severe an attack of uterine colic came on that I had to give a hypodermic of morphine, and send her home in a carriage. I then omitted the intra-uterine electrode, and used only the ball applied to the cervix. After several sittings of this kind, which gave no pain, I returned to the sound electrode, and was pleased to find no pain follow. Only once after this did the uterine colic recur. After several weeks of this treatment, the menstrual period came on, and was absolutely painless. The treatment was therefore continued through a second intermenstrual epoch, at greater intervals, with a similar result at the second period. I was in favor of continuing the galvanism, but she was anxious to return home, and we agreed that the treatment should be kept up there. I do not know whether this was done, as I have not heard from her since. I cannot, therefore, be sure that the relief was permanent.

11. *Erosion of the Cervix.*—Usually the erosion is due to a uterine catarrh, and to cure the former it is first necessary to remove the latter. These erosions (I do not refer to those complicated with laceration) are generally very difficult to heal; week after week, and month after month, iodized phenol, iodoform, nitrate of silver solutions, and finally nitric acid, are applied, and still the erosion remains. I have found the negative pole of the galvanic battery, applied to the erosion by means of a metal ball, uncovered, sufficient current being used to produce a mildly caustic effect, to have a beneficial influence toward starting cicatrization. Only a few such applications should be made, and as soon as the erosion begins to heal from the edges, finely powdered iodoform, or a solution of nitrate of silver (3j. to 3j.) should be substituted.

12. *Uterine Displacements.*—Tripiet has reported particularly good results in old uterine dislocations from the faradic current applied to the relaxed ligaments, in retro-deviations, one double pole being placed in the bladder over each vesico-uterine fold, and the other pole within the uterus; in ante-deviations, the extra-uterine pole being in the rectum. Or if the bladder and rectum do not

bear this manipulation, the pole may be placed over the abdomen or sacrum respectively. I have had no experience with this treatment, having, I confess, but little confidence in the power of electricity to restore tone to ligaments (which are but slightly muscular in their composition) so relaxed and elongated as are generally those of the uterus in old displacement. And in recent dislocations a proper mechanical support will often succeed after a time, by giving the ligaments an opportunity to regain their tone.

I think that in flexions more may be expected from the faradic current than in versions, for it seems more possible to stimulate the tissue of a bent muscular organ like the uterus to a healthy action than to shorten and strengthen flabby folds of peritoneum.

In recent cases of prolapse of the vaginal walls, such as we not unfrequently see in young women after their first confinement, where the relaxation is slight and merely the result of a momentary loss of tone, where there is, in fact, a subinvolution of the vagina, the faradic current, applied by the long metal finger electrode mentioned, has done me good service. But I have always thought best to insert astringent tampons after each electric sitting, and of course attribute some of the contraction of the parts to the latter applications.

13. *Fibroid and Ovarian Tumors*.—Both varieties of electricity have been employed in the treatment of uterine fibroids. Apostoli, in a recent paper presented to the International Medical Congress at Copenhagen, in 1884, lauds very highly the faradic current, by which he produced uterine contractions and gradual shrinkage by compression and mal-nutrition of the tumor. Bayer (l. c.) reports a case of fibro-myoma in which the long-continued use of galvanism produced a gradual marked diminution of the tumor. Neither of these authors states whether the diminution was permanent. Everett, of Ohio, has also published a favorable experience with the agent. The object of this superficial application of electricity is to pass as strong a current as can be borne through as large a portion of the tumor as possible. Hence large external sponges and an intra-uterine or intra-rectal electrode are necessary, and, of course, many sittings are required to bring about a result.

We need many more observations on this method, not only as to the possibility of often reducing fibroid tumors (myomata being softer, would naturally be more easily diminished than fibroids), but also as to the permanency of the reduction. The treatment is

certainly safe, which is more than can be said of the electro-puncture of these tumors, as practised some years ago by Kimball and Cutter, who operated in fifty cases, four of whom died, while a number were reported benefited. Their method was to thrust one or two large gutter-shaped daggers through the abdominal wall into the tumor, with the other electrode placed on the skin near by or at some distance. The danger of peritonitis is obvious.

Dr. Freeman, of Brooklyn, has recently reported several cures of smaller fibroids by electro-puncture. He drove a small gold needle several inches deep into the tumor through the vagina, the patient being under an anesthetic.

One of the cases he reports as cured was that of a lady whom the doctor brought to my office for my opinion. The fibroid was a retro-uterine sub-peritoneal one, of the size of a fist, immovable and insensitive. I told him that I could do nothing for it, as I did not think the symptoms it produced justified operative interference. In answer to his question as to what I thought of electro-puncture, I replied that I had heard of it, but knew of no well-authenticated cases of cure.

His later report of the cure of this case by that method, however, induced me to try it in a case of large sub-peritoneal fibroid, which I happened to have in my service at Mt. Sinai Hospital. I forced (and it required all the strength I dared exert) a stout steel insulated needle through the vagina into the tumor on two occasions. connected it with the negative pole, and placed the other electrode (a large, flat disk of copper, covered with red flannel) on the abdomen. Up to twenty-four cells were used, with no reaction. I used no anesthetic. The patient complained dreadfully, and left the hospital before the result of the treatment could be ascertained. Of course, this trial was too brief to be of any consequence. The frequent anesthesia required for this treatment, if it is to be given a thorough test, might be somewhat of an obstacle.

I certainly shall give the method further trial, particularly in cases where the fibroid can be reached from the vagina, and especially if the needle can be introduced through the uterine canal without wounding the peritoneum. Electro-puncture would seem to be indicated chiefly in sub-peritoneal tumors, and superficial electrolysis in intramural growths.

Of electricity in ovarian tumors I shall say but little, since it is

absurd to consider a treatment the result of which can be at best but uncertain in the face of the magnificent successes of ovariectomy. Many of us may still remember the claim of Dr. Frederick Semeleder, of Mexico, some eight years ago, that ovarian cysts were curable by electrolysis (that is, electro-puncture), and may also recall his experiments with the method here, and his disastrous results. I made it my object at that time to collect all the cases in literature of electrolysis for ovarian tumors, and to compile the cures and failures, and published a full article on the subject in the *American Gynecological Transactions* for 1877, Vol. II. I collected fifty-one cases, of which only twenty-eight might credibly be considered cured; nine died, and fourteen were utter failures. The ratio of mortality and failure was forty-five per cent., or double the mortality from ovariectomy even in the hands of our less successful operators of to-day. That settled the question of electrolysis!

Some enthusiasts have claimed to cure ovarian tumors by superficial electrolysis, and I doubt not that small solid, or nearly solid, tumors might be reduced in that way.

Counter indications.—It may be well to say a word about the conditions where it would be unsafe to use local electrization. I think that the rule to avoid it in all cases of acute or subacute inflammation of the pelvic organs will about cover the ground, although there may be exceptions to that rule in instances of mild subacute cellulitis and ovaritis.

The cases which I have related in this paper are merely used as illustrations, and have not been selected as exceptional instances.

The conditions in which the two varieties of the electrical current act most beneficially may be summarized as follows:

FARADISM.

Deficient development of uterus and ovaries.
Amenorrhœa.
Subinvolution and menorrhagia.
Superinvolution.
Uterine displacements.
Uterine fibroids (interstitial).

GALVANISM.

Hyperplasia uteri.
Chronic ovaritis and pachy-salpingitis.
Chronic cellulitis and peritonitis, and lymphadenitis.
Pelvic neuralgia, local and reflex.
Dysmenorrhœa, neuralgic and obstructive.
Erosions of cervix.
Subinvolution.
Uterine fibroids (sub-peritoneal).

The conclusions to be drawn from the experience detailed in this paper are the following:

1. Electricity locally applied is a valuable agent in gynecological practice, and should be more widely used than it is.
 2. It does not require special knowledge or experience as an electrologist to be able to use the agent safely and beneficially in gynecological practice.
 3. The remedy, if properly used and on correct indications, cannot do harm.
 4. It should be used only in chronic conditions, and, if it is the galvanic current, should give no pain.
 5. The conditions in which the faradic current is indicated are chiefly those characterized by deficient development or want of tone of the sexual organs, such as imperfect development of uterus and ovaries, superinvolution, subinvolution, amenorrhea, uterine displacements, interstitial fibroids. The object of the faradic current is to stimulate the organs to increased growth or activity, and to produce muscular contraction.
 6. The conditions in which the galvanic current is indicated are those in which it is desired to promote absorption of adventitious products, chiefly the result of previous inflammation; to allay pain, to excite reparative action, and occasionally to act as a caustic. The rapidly interrupted galvanic current, however, also excites muscular contraction.
 7. Perseverance in the treatment is essential to success.
 8. Acute and subacute inflammatory conditions, as a rule, counter-indicate local treatment by electricity.
 9. The pathological conditions in which electricity proves useful are those in which other treatment often fails or cannot be borne by the patient.
 10. In organic diseases, a permanent cure, or a restoration of the diseased organs to perfect health, can usually not be accomplished by electricity, but great relief from pain and certainly temporary improvement in otherwise intractable cases can be achieved by it, without danger and with comparatively little discomfort to the patient.
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EDITORIAL.

Diphtheria—Its Prevention.

Diphtheria is a terrible disease, and when it breaks out in a school, or in a family where there are several children, unless the very best precautions are observed it is likely to spread, for it is a disease that may be communicated from one person to another. It is contagious.

Regarding the different measures employed to prevent the spread of this disease, we very greatly prefer the fumes of burning sulphur. We regard sulphur as the most effective disinfectant we can use for the purpose of preventing the spread of diphtheria in schools, and in families where several children are exposed, and it has a salutary effect upon those already suffering from the disease. We have had the care of scores of diphtheria patients, and we can refer to quite a number of families of children where the disease was limited to one child, and we verily believe that the fumes of burning sulphur were instrumental in preventing the spread of the disease in these cases.

In all cases, where diphtheria breaks out in a school, no children should be permitted to go to the school from houses where the disease exists. After school hours, in the evening, the school rooms should be thoroughly fumigated with sulphur. This should be done daily, but the house should be free from the sulphur fumes during school hours, for the coughing and sneezing that might result from the sulphur fumes would create great annoyance and confusion.

Where diphtheria prevails in a family, the patient or patients, if there are two or three attacked at the same time, should be isolated, confined to one room, and all the children not affected should be kept in some remote part of the house, or removed from the house entirely if practicable. In either case, whether any of the children are removed from the house or not, every room, including the one occupied by the patient, should be fumigated with sulphur two or three times daily.

The most convenient method of fumigating is to drop a small pinch of sulphur upon a hot stove, if there is one in the room; if there be no stove in the room, a few coals on a shovel or other convenient utensil may be carried into the room, and the sulphur may be dropped on the coals. A little experience will soon enable anyone to determine how much sulphur to burn in each room. It is not necessary to fill the room so full of these sulphur fumes as to suffocate us, and if we happen to burn a little too much sulphur in any given case, and the fumes become offensive, the doors and windows can be opened for a minute or two.

Other disinfectants may be employed, but these sulphur fumes will permeate every crevice in the house; they are breathed by us, our clothes are saturated with them, and, withal, we regard this as the most practical and effectual method of disinfection against the spread of diphtheria that can be adopted. And where diphtheria prevails in a neighborhood, and families fear its outbreak among their children, they should resort to sulphur fumigation daily, whether diphtheria has appeared in the house or not; this may prevent its outbreak in families that might otherwise suffer from it. At least this precaution does not cost much, and can do no harm. These sulphur fumes will do us no injury.

Lloyd's Hydrastis.

With a few exceptions, physicians everywhere know the value of *hydrastis canadensis*. There are few medicines that enjoy the reputation of more positive therapeutic effects than this, and we prescribe it with a certainty and confidence that are wanting when we prescribe many other medicines. Hydrastis is an old remedy. It is a safe medicine, and yet potent. We have used it freely and continuously for many years, and know of nothing that can take its place.

As a constitutional remedy, or to influence the general system and special parts, by taking it into the stomach, we realize from *hydrastis* most excellent results in many cases. It relieves irritation of the alimentary mucous membrane, favors and hastens the healing process in cases of ulceration of the mouth, stomach or intestinal canal, improves nutrition by aiding the processes of digestion, and upon the genito-urinary organs of both male and female it exerts a

marked and specific influence. By giving it in liberal doses it restrains gleety and leucorrheal discharges; and in uterine weaknesses, menorrhagia and ovarian congestion, it is a first-class remedy. We may use it alone to extend the intervals between menstrual periods, where they occur too frequently, and are too free, or we may combine it with other uterine tonics: *R.* Lloyd's colorless hydrastis, \mathfrak{zj} .; fluid ext. mango bark, \mathfrak{zss} .; Hayden's viburnum compound, \mathfrak{zss} .; syr. simplex, \mathfrak{zij} . *M. S.* One teaspoonful four times daily, during the interval. When the menses appear and are too free, add fluid ext. ergot, \mathfrak{zij} ., to the prescription, and continue. In very bad cases of menorrhagia we add half an ounce of the ergot, and order a dose taken every three hours till the discharge is restrained. These combinations, varied a little to suit the circumstances, *will give satisfaction.*

In atonic dyspepsia, enfeebled digestion resulting from lingering disease, Lloyd's hydrastis is a first-class remedy: *R.* Lloyd's hydrastis, \mathfrak{zss} .; elixir lactopeptine, \mathfrak{zijjss} . *M. S.* One teaspoonful before and after meals. In cases of children the doses should be smaller. We have found this prescription of great value in lingering cases of indigestion following summer complaints of children; and a more acceptable, palatable and effective restorative to the digestive organs, under all circumstances of feeble digestion, is not readily prepared.

As a local remedy in stomatitis, ophthalmia, gonorrhea, leucorrhea, cervical inflammation and uterine ulcerations, it is the principal remedy. In ordinary or ulcerated sore mouth: *R.* Lloyd's colorless hydrastis, \mathfrak{zss} .; Listerine, \mathfrak{zss} .; water, \mathfrak{zj} . *M.* Apply with a camel's hair brush every one, two or three hours. This is also a fine application for nursing sore mouth. In purulent ophthalmia: *R.* Lloyd's colorless hydrastis, \mathfrak{zj} .; cocaine, gr.v.; water, \mathfrak{zijj} . *M. S.* Drop into the eye every two or three hours. In cases of vaginal irritation, smarting, burning and itching inflammation, accompanied by acrid discharges: *R.* Lloyd's colorless hydrastis, \mathfrak{zj} .; chloride of sodium, \mathfrak{zj} .; hot water, *Oj*. *M. S.* Inject the vagina and wash the external parts thoroughly with this twice daily, using it as hot as can be borne with comfort. In cases of cervical inflammation and ulceration of the os uteri: *R.* Lloyd's colorless hydrastis, \mathfrak{zj} .; Listerine, \mathfrak{zj} .; distilled ext. hamamelis, \mathfrak{zij} . *M.*

S. Saturate a pledget of antiseptic cotton with this mixture, and through a speculum (Staufer's is the most convenient) place it in the vagina, against the os, and renew twice daily.

We might extend this paper almost indefinitely, but we have said enough to suggest the nature of this remedy, and stimulate an interest in its use, and this is enough, for when its value is once known it is never forgotten.

Medical Books, Surgical Instruments and Batteries.

For a long time we have been furnishing physicians and students with everything they ordered at a discount of twenty per cent. from the regular list prices, they paying postage or express, as the case might be. We designed this as an accommodation, and the enterprise satisfied quite a large number of our customers, but others were dissatisfied and complained. In some instances, even where we lost money in the transaction, we had the postage to pay.

From this time forward nobody need expect to get books and batteries of us at less than regular list prices. If we are requested to select and forward books, surgical instruments, batteries, etc., we will spare no pains in furnishing the very best in the market. Where surgical and electrical instruments are wanted, physicians generally prefer to order from us, for then they have the advantage of our special and personal advice in the selection and use of what they buy.

Upon the receipt of list prices, we will promptly send out goods, and prepay the postage or express charges to any place in the United States. No goods sent C. O. D.

Address DR. GEO. C. FITZER,

March 1st, 1886.

St. Louis, Mo.

Pichi (*Fabiana Imbricata*)—a New Chilean Remedy for Cystitis and Renal and Vesical Calculi.

Who that has attended a patient in the agonies accompanying the discharge of renal and vesical calculi, and endeavored in vain to relieve the acute vesical catarrh often set up from mechanical irritation of gravel and calculi, but will welcome the advent of a remedy which can substantiate its claims to prevent the formation of calculi, or at least facilitate their painless discharge and relieve the attendant cystitis.

It appears that in Pichi (*Fabiana Imbricata*), a remedy belonging to the same family as atropia, tobacco and duboisia, we have a therapeutic agent fulfilling the indications for treatment so often presented in the uric acid diathesis.

The London Medical Times and Gazette, Dec. 5th, 1885, assures us that both the natives and the physicians of Chili and Brazil esteem most highly the medicinal virtues of Pichi in calculus and other urinary disorders, and also in jaundice and hydatids of the liver.

Dr. H. H. Rusby, the botanist, who has recently gathered a supply of the plant in its native habitat, speaks of the value of Pichi in the highest terms.

The American profession will no doubt be gratified to learn that samples of Pichi can be obtained for trial from Messrs. Parke, Davis & Co., who, as usual, are first in the field with a reliable preparation of the drug.

If Pichi fulfills its promise, it will command a place in the *Materia Medica* alongside such new remedies as cascara sagrada, coca erythroxyton, etc., which have now so fully demonstrated their therapeutic value.

MISCELLANEOUS PARAGRAPHS.

Why the Science of Medicine is Imperfect. — BY G. A. ROWE, M. D., ST. LOUIS.

Physicians wonder a great deal why medicine is an imperfect science. There is no question of such easy solution. The reason is because they *never do their own thinking*. If there is any one thing physicians fail to do for themselves, it is to think. Why, how is that? doctors are thinking all the time, are they not? Yes, they are doing a lot of *useless* thinking and scheming, endeavoring to cipher out how they can make a fortune in a day or two. They want to get a practice of medicine or a fortune at once and not work for it. They think it ought to come of its own accord, and they wonder why their neighbor across the street has so much more to do than they have. They do a great deal of thinking, but it amounts to nothing. Indeed, they worry and fret half of their lives away, thinking of all sorts of impossible things; but a good, sober,

original thought never finds its way into their heads. If they come in contact with some case of disease, no matter what it is, they go to their text-books, and hunt them all over for some name that will fit the symptoms, and then give the remedies somebody else said was good in such conditions. It never occurs to them to think the case out for themselves. A given case of disease is just like a problem in Euclid; it has to be worked out—*thought out*. The physician that can not do his own thinking need never hope to accomplish much in medicine; he had better sell bananas at "five cent a doza." The teachers in our medical colleges are responsible, in a large degree, for the imperfect condition of medical science. When the student attends a medical college, he naturally carries away with him the teachings he has received there, and it is rather a presumptuous undertaking for him to question the truth of what he has been taught. He accepts it as true; but is it all true? Let us see: Where is there a professor of surgery, a professor of theory and practice, a professor of diseases of women, a professor of obstetrics, that does not talk flippantly and exhaustively about "blood-poison?" The man who suffers from gangrene is suffering from "blood-poison;" the man who is in a low typhoid state is suffering from "blood-poison;" the woman whose afterbirth does not come away and some of it is absorbed is suffering from "blood-poison;" the woman whose abdomen has been opened for the removal of an enlarged ovary, and who a few days after the operation drops into a low state, is likely to be suffering from "blood-poison;" the fellow who gets the small-pox and dies has died from "blood-poison;" the little boy who gets diphtheria and dies has died from "blood-poison;" the joyful peasant who is wending his way homeward behind the lazy cows and unexpectedly feels the cutting fangs of the deadly viper, soon sinks into a low state and dies from "blood-poison." Gangrene, typhoid fever, puerperal fever, small-pox, diphtheria and snake-bite have all killed by poisoning the blood. It is all blood-poison: blood-poison for breakfast, dinner, supper and Thanksgiving. Our medical teachers, not only at one place, but everywhere, devote hour after hour talking about blood-poison, and who has yet defined it? Do they mean to say that the blood-poison of gangrene and the blood-poison of diphtheria are the same thing? Or do they want to make a canvas out of blood-poison big enough

to stretch over every ailment with which a human being can be afflicted? They certainly ought to see how misleading the term is. If a certain remedy is good for the blood-poison of typhoid fever, it ought to be good for the blood-poison of gangrene. In other words, blood-poison ought to mean something or nothing. If it means nothing, dispense with the term. The term blood-poison *never* suggests a remedy, because it means nothing. Therefore, in the case of gangrene, diphtheria, scarlet fever, etc., let us endeavor to learn *how* the blood is affected, and then we can find the remedy, if there is one. Instead of saying of the gangrene patient, he is suffering from blood-poisoning, let us say he is suffering from loss of red blood corpuscles, or oxygen, or whatever the particular defect may be; instead of saying of the puerperal fever case, she is suffering from blood-poison, let us say she is suffering from excess or defect of acids or alkalies, or whatever the defect may be. When we make an assertion like that, it means something that everybody understands, and is suggestive of a remedy. We may not always know just what the particular trouble is, but we will never find out unless we search for it. At any rate, it is the only way by which we can ever expect to reduce the science of medicine to anything like a perfect science.

The Minister's Madstone.

I have a madstone in my possession. It has been in my family and that of my ancestors for more than a hundred and fifty years. As to its origin, I give you the "legend:" It was given to my mother's great-grandmother, an Irish woman, who lived in eastern or old Virginia in colonial days. The person who gave it to her was an English traveler whom she had nursed through a severe illness. He informed her that it was probably a formation of a gum which exuded from a species of laurel, as they had been found adhering to those bushes in the country adjacent to the Mediterranean Sea, and they also had been found in the stomachs of animals that fed on the twigs of such shrub. So much for the legend. "I tell it as 'twas told to me." Now for the facts. This stone is not a clay formation; is not perceptibly porous; is very much in appearance like a piece of ordinary anthracite coal; it has been applied to hundreds of persons, not one of whom ever had the hydrophobia, while in

many cases animals bitten by the same dogs have invariably gone mad. My mother received this stone, in 1858, from her elder brother, Col. John Miller, of Orange County, Va. Since that time I have seen it applied to quite a number of persons. It has been seen by many persons—physicians, lawyers, ministers, etc. I have had charge of the stone for several years, and have applied it to several persons, the last person being J. R. Hill, of Virginia, Cass County, Ill., who was bitten on the hand by a rabid dog last summer at that place. Two horses that the dog was seen to bite on the same day both died of hydrophobia—one in about three weeks, the other in about five weeks, from the time they were bitten. The stone will not adhere to an ordinary flesh wound, or a dog bite unless the dog is rabid. It will adhere to any wound containing animal poison. It will adhere to and cure the bite of a rattle-snake or any venomous serpent. It is cleansed by being placed when full of poison in a glass of water, which extracts the poison from the stone. When thus cleansed, if there is any poison virus remaining, it will again adhere; if not, not.

It may be that I am "superstitious and ignorant," and unknown to science, but I wish simply to say that, while I know nothing of the philosophy of the action of my madstone, I know it is a specific for animal poison which has not failed in a single instance. I make a reasonable charge for its use if the party is able to pay for it; if not, I apply it free.

I am a regular traveling preacher in the Methodist Episcopal Church, was ordained an Elder by Bishop S. M. Merrill, who resides in Chicago; am pastor of the M. E. Church at Potomac, Ill., and while I sincerely hope that I shall never see another person who is so unfortunate as to need a specific for the prevention of this terrible disease, still I am happy to know that I possess such specific.—W. T. BEADLE, in *Chicago News*.

Tongaline.

"Am now convinced, after testing its virtues in some exceedingly severe and obstinate cases, that Tongaline possesses decided and marked curative properties in rheumatic neuralgia, and also in many instances of muscular rheumatism."

WALTER COLES, M. D.

St. Louis.

Ænanthe Crocata.—BY H. L. HENDERSON, M. D., PLATTSBURG, MO.

In the December number of the *Journal* I read an article on the above drug, from the pen of Dr. E. R. Waterhouse, to which I wish to add my mite of testimony.

I, like most physicians of this locality with whom I have spoken on the subject of epilepsy, find but poor encouragement in the treatment of this most obstinate of diseases by using bromides, which I find only give temporary relief.

About March, 1885, I received a letter from Dr. Waterhouse, in which he mentioned the use of *ænantha crocata*, or water hemlock, in the treatment of epilepsy. I, like a drowning man, was ready to catch at a straw, for I at that time had on my hands three cases of that treacherous disease, which were giving me no end of vexation of spirit, and withal threatening my reputation professionally in as many first-class families.

I at once began, through my druggist, trying to procure the medicine, which after several failures we succeeded in getting from the Homœopathic Pharmacy of Humphrey & Co., New York, in the form of a "mother tincture." I medicated pellets No. 35, and directed my worst case to take two pellets every four hours. The spasms, which seemed to involve every flexor of the body, and which were in rapid succession, ceased immediately with the beginning of administration of the remedy, and from that time (June 1st) to this there has not been the least sign of an epileptic seizure. The patient still takes the "little pills" twice daily. I will mention one circumstance in connection with the remedy in this case that may point to its mode of action. The patient was a young lady of rather slender build. About one week after she had begun taking two of the pellets every four hours she complained of a headache, and full feeling in the head, resembling the headache from glenoiné. I at once ordered one pellet every four hours instead of two, and the headache disappeared in a few days, when I again increased the dose, resulting in a reappearance of the same symptoms, and I was compelled to again reduce the dose. I am of the opinion that the drug causes a determination of blood to the nerve centers, thereby overcoming the anæmia on which, I believe, epilepsy depends.

I have used the drug in two other cases besides the one just described, with like results. One of the cases has been a confirmed

epileptic for nine years, and has become almost an idiot; the spasms have ceased, and he seems to be in a fair way to recover. I am now using it on a pauper at our county farm, who has been an epileptic for thirty years, and has been in the insane asylum on two different occasions, and each time has been sent back to the county as an incurable. I have been treating him but a short time, and the prospect for a cure looks very favorable. If any of the readers of the *Journal* have a bad case of epilepsy, get the medicine and try it! It *must* be given in *very small* doses.—*E. M. Journal* for February, 1886.

Mellin's Food.

The use of prepared food for invalids and young children has become a recognized necessity the world over. The preparation which most closely resembles mothers' milk is confessedly the best food for nursing babes, and the preparation which is most grateful and nourishing to the delicate organism of the invalid or convalescent is destined to win the favor and confidence of the medical profession. Mellin's Food has long since been found to meet these requirements.

"Don't Know Whether I Want a Doctor or a Blacksmith?"

"Who can that be? Some one for the doctor? Yes, that's Mr. B. Come in; what is the matter? Something I can do for you?"

"I don't know (*with a curious look*) whether I want a doctor or a blacksmith."

"What's the trouble?"

"My son, Joe, has got an old rusty harness buckle over his tool, up against his belly, and it's about to cut it off; it's as big as my leg; it's been on four days, and we never knew anything of it till two hours ago, and it's about to kill him."

"Will be ready in ten minutes to go out with you and take it off."

We are now on our way, riding fast; five miles to go—here we are. Found young man, aged twenty-six, unmarried, weighs 210 pounds avoirdupois, on a lounge, with a ring on his penis. Saw at first glance that all the scientific manipulations to take off tight finger-rings would prove a failure in this case. The scrotum was about the size of a quart cup, only in a different shape. The "tool," as

his father called it, was a monster, sure enough, measuring $8\frac{3}{4}$ inches in circumference, and $11\frac{1}{4}$ inches in length; the glans penis was simply enormous—about like a fine sunflower in August. The organ was strangulated with an iron ligature, completely imbedded out of sight.

Perseverance, sweet oil, cutting pliers, files, a monkey wrench, anchor cables, and one and a half hours' hard and careful work, with assistance of two fellow-citizens, an old rusty harness buckle, $1\frac{1}{2}$ by $1\frac{1}{4}$ inches, was taken off. Buckle tongue had been broken out by the experimenter.

Treatment—Passed No. 4 and 7 catheters, American scale; drew off four ounces fetid urine; injected glycerole of carbolic acid, 1 to 20; washed out bladder in ten minutes with lukewarm water. Re-inserted catheter No. 7; put on a retainer; applied basilicon ointment to the circular canon, enveloped scrotum and penis in hop sacks wrung out of hot water; gave anodyne cathartic; ordered rest.

Patient made a good recovery in two weeks, retaining his valuable "tool" for further experimentation. —WM. ALEXIS HUNT, A. M., M. D., in *Medical Brief*.

Celerina.

I have used Celerina for nearly three years in my practice, and have found it all that is claimed for it in every respect. I have made one severe test upon a man who has been a drunkard for fourteen years, who could not sleep unless he had one continual opiate. I discharged him after three months, using nothing but the Celerina in one-drachm doses, two to four times a day. I could cite many other cases, but in closing will say I believe every physician should have Celerina in their offices, and prescribe it in all nervous diseases.

Pacific Junction, Ia.

JAS. H. BULLARD, M. D.

Creasote Water as a Local Anæsthetic.

The officinal aqua creasoti, or creasote water, is so important as a preparation for one special use that it is well to notice it in order to emphasize that special use. It is a simple 1 per cent. solution of wood creasote in water, and, like similar solutions of carbonic acid and of cresol, it is a most effective local anæsthetic and topical dressing to

burns and scalds. It is no better than the solutions of carbolic acid, or of coal-tar creasote, for this purpose, but it is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula—or diluted with an equal volume of water, or with more water for delicate surfaces in women and children—and applied by means of a single thickness of thin muslin, or worn-out cotton or linen, such as handker stuff, and the application renewed from time to time, as the return of pain requires it—will relieve the pain of burns and scalds in five to ten minutes, and will retain the relief as long as the applications are properly renewed, or until the painful stage is over.

It is also very effective as a local anæsthetic for general use in all painful conditions of the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is very promptly reached, and can be carried to almost any degree that is desirable by simple management of the strengths of the solutions and the mode of application. They are true anæsthetics to the skin, while the much-lauded cocaine is not.

This statement has been published so often during the past twenty years, and the treatment has been so effective in so many hands, that it is wonderful to notice how the common practice is still to use the old and comparatively useless hot dressings, such as carron oil, white lead ground in oil, flour, liniments, etc., or the newer application of solution of carbonate of sodium.—*Med. News.*

Flooding.

Every physician of experience in the parturient chamber has a dread of sudden uterine hemorrhage, which may come when he least expects it. "Doctor, I am flowing fearfully," exclaims the anxious patient. A deathly pallor spreads over her face, as she looks imploringly to her medical attendant to save her. A moment's examination tells him that her life currents are ebbing fast, and must be checked at once, or his patient is lost. What shall he do to avert the catastrophe? There is no retained membrane; no clot; placenta has passed entire. He grasps the fundus of the womb, but it does not contract under his manipulation; next, the tampon, and still the flow goes on. Ergot is indicated, but it does

not act quick enough; the quality may not be good, as is often the case; the patient is sinking; brandy or other powerful stimulants are called for. Two teaspoonfuls of the Viburnum Compound (Hayden's) in a little water, sweetened, every ten minutes, in nine times out of ten will save the mother when all the rest have failed. This has been the experience of hundreds of physicians, who have certified to the fact. In all internal hemorrhage it is the sheet anchor.—*Medical World*.

Enuresis Nocturna.

Dr. Kelp (*Medicinische Central-Zeitung*) has used hypodermic injections of strychn. nitr. in very intractable cases of enuresis with the best results. He injects about 1-100 to 1-75 gr. into the sacral region, and repeats as soon as it becomes necessary. In many cases in which the unfortunate sufferers were troubled night after night for a long time, the disease was arrested after one injection for some days, when it reappeared, and required another injection with still better result. He does not exactly state how many injections he made in the various cases, but remarks that he invariably cured the patients with this treatment in a short time. His last case reported was a girl of 18 years, who had been sick with scarlatina about three months before she came under his care; she had suffered with nocturnal enuresis since she recovered from her sickness in spite of the best care, tonics, and the avoidance of all sorts of drinks at night, and with the precaution of urinating before going to bed. After the first injection of 1-75 gr. she slept without any disturbance for four nights; on the fifth night she wet herself again, after which injections were repeated every few days, and she was soon relieved entirely of this loathsome disease.—*Southern California Practitioner*.

Peptonized Beef.

CHAPMAN, GREEN & Co., Manufacturing Chemists, Chicago.

Gentlemen :—I promised you when you sent in the sample of Dr. Rose's Peptonized Beef to give it a thorough trial in my practice. I confess that I commenced with a prejudice against these preparations, never having seen the good effects promised for them. I commenced by using it myself, in warm milk, and found it

delightfully agreeable and soothing, not only to the stomach, but the nervous system.

I have prescribed it largely, and without exception my patients are pleased with its effects. It is especially valuable in atonic dyspepsia, catarrh of the stomach and bowels, acid indigestion, low fevers, diphtheria, and particularly in neurasthenia in all its forms.

It is a real peptonized food, and I cannot imagine a case where it will not agree with the stomach.

As a food for infants, when all starchy foods are not well borne, this will act as a powerful nutritive agent, and a sedative to the whole system.

As a dietetic agent, it is the greatest boon lately presented to the medical profession. Very sincerely, E. M. HALE, M. D.

NOTE—One-half lb. samples of Dr. Preston B. Rose's Peptonized Beef are sent free to any physician who is willing to pay the express charges. Address the sole agents, Chapman, Green & Co., Chicago, Ills.

Hydrocele—Cocaine in the Treatment.

A correspondent of *The London Lancet* writes as follows concerning the above: "We all admit the great and frequently agonizing pain usually produced by the injection of tincture or solution of iodine, diluted or undiluted, in the radical cure of hydrocele of the tunica vaginalis; and many methods are employed to alleviate this pain, from simple compression of the cord to the production of general anæsthesia. To the flood of literature concerning the application of cocaine and its salts, I beg to add a note as to the use of the hydrochlorate in alleviating what is more than a discomfort in the treatment of the common affection under discussion. After withdrawal of the fluid from the hydrocele sac, it is easy to inject thereinto a drachm, more or less, of a five per cent. solution of the salt named, allow it to flow over the interior, and after five to ten minutes inject the selected iodine preparation, which will not give rise to any pain until an hour or more has elapsed, which pain, usually not severe, if necessary, can be controlled by the exhibition of a morphia suppository, or by some similar means. The use of the cocaine salt in this manner further allows kneading of the sac after the iodine injection, which kneading Davy and others have

strongly insisted on; and while, on the one hand, paralysis of the sensory nerves of the serous membrane can, as Cohnheim showed, have practically no retarding influence on the development of the inflammation, on the other, no evil effects can follow the absorption of a quantity of cocaine so far below a toxic dose. Cases thus treated progress, with the exception of the pain, precisely as those in which no cocaine is employed."

Hydrastis in Aphthae, Sore Throat, Nasal Catarrh and Gonorrhoea.

I use hydrastis extensively, and have employed almost if not all the different market preparations. In elegance and flavor Lloyd's hydrastis is certainly superior, and therapeutically it is unexcelled as far as tested by me. I used it in aphthae, sore throat (ulceration), and in nasal catarrh, and in one case of gonorrhoea. Wherever used it gave entire satisfaction.

DR. S. B. CARLETON.

A New Method of Introducing Medicine into the System.

At a meeting of the French Academy of Medicine, held September 22nd, M. Brondel read a paper on the introduction of certain medicines into the system by means of electricity. If the electric current is made to pass through a solution of a salt, the salt is decomposed, the metallic base passing to the negative pole, and the acid, or metalloid, to the positive pole. The iodides are easily decomposed by electricity. In order to introduce iodine into the system, a rubber plate moistened with a solution of iodide of potassium is placed upon the surface of the body. Over this plate the negative pole of a battery is applied, while the positive pole is placed upon a part of the body toward which it is desired that the iodine travel. The iodine separates from the potassium, which remains at the negative pole, and passes with great rapidity through the tissues toward the positive pole. This may be demonstrated by testing with a starched paper, which becomes blue. A great number of substances can thus be made to traverse the tissues, and the applications of this discovery are numerous and important. M. Brondel has in this way cured uterine fibroids, a case of perimetritis, rheumatic ovarian neuralgia, and several cases of chronic rheumatism.—*Le Progres Medical.*

The Treatment of Diabetes Mellitus with Boracic Acid.

Mr. F. A. Monckton reports in the *Australasian Gazette* (October, 1885) a case of a boy, aged 14, suffering from diabetes mellitus, with all the symptoms in an aggravated form, who was apparently cured by the use of boracic acid in seven-grain doses three times daily. At first there were no stringent dietary regulations, and even in the later part of the treatment only sugar, potatoes and oatmeal were forbidden. Bread was eaten at the meals in the ordinary way. He gradually gained in weight, his health improved, and the sugar disappeared from the urine.

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Under this head notices for sale or exchange, locations, or partnerships wanted, and other notices of like nature, will be inserted at \$2 a time. If more than eight lines, 25 cents extra for each additional line. Always in advance.

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In a small Railroad village, an easy practice worth \$1,500 a-year, and a property consisting of a nice new four-room house, and a good barn and other outbuildings: also sixteen town lots, all fenced, with a nice little orchard started. J. L. HARRELL, M. D., Gossett, White Co., Ill.

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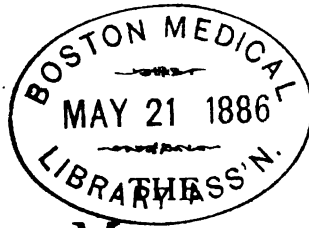
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AMERICAN MEDICAL JOURNAL.

VOL. XIV.

APRIL, 1886.

No. 4.

ORIGINAL COMMUNICATIONS.

ART. XI.—Chronic Endometritis.*—By PROF. G. A. ROWE, M. D.,
St. Louis.

The uterus may be attacked by inflammatory action upon its mucus surface, its muscular substance, or its peritoneal covering, producing endometritis, metritis or perimetritis respectively. In this paper I propose to speak of chronic inflammation of the mucus surface, known as chronic *endometritis* or chronic *uterine catarrh*. It is a disease of frequent occurrence, and one which often worries the doctor considerably. Almost all women—married women at any rate—know what the doctor refers to when he speaks of leucorrhœa (an incorrect term for endometritis), but they would not likely understand what he meant if he used the term endometritis. Leucorrhœa does not specify endometritis, but it is generally present as a prominent symptom.

Pathology.—The pathological condition in chronic endometritis is that the mucus membrane is hypertrophied, and dotted here and there with dark colored extravasations, usually two and sometimes three distinct pathological types being distinguishable in this disease. In the one case, the uterine glands are hypertrophied; in the other, the vessels are dilated and enlarged, and in the third, an “undifferentiated embryonic tissue is produced.”

It must not be forgotten, however, that it is rare that one tissue alone is involved in these conditions, for where one is diseased

*Read before St. Louis Eclectic Medical Society, Feb. 23, 1886.

another is very liable to be. In uterine catarrh or endometritis the condition most frequently met with is hypertrophy of the glands. These glands frequently become so much enlarged that they even crowd upon each other and make the whole uterine surface appear like a glandular surface. In such a case the chief symptom is *leucorrhœa*. In the second pathological condition in which we have enlarged and dilated vessels, the mucus membrane is hypertrophied to several times its normal thickness and feels like a cushion, the glands do not become enlarged so much, and the principal symptom is *hemorrhage*. We seldom have so much leucorrhœa in the second type, and if it be present, it strongly points to a polypoidal state or greatly enlarged glands. Those cases in which the double lesion is present, enlarged glands and thickened mucus membrane with enlarged vessels, are most difficult to manage. In the third type, we have to deal with a condition similar to that found upon an open wound, and the chief symptom in this case is a *muco-purulent discharge*. When chronic endometritis has existed for a long time the mucus membrane becomes atrophied, the cylindrical epithelium is lost, and small "polymorphous cells take their place." If atresia of the cervix occurs it is due generally to a physiological change which take place after the menopause.

Etiology.—In examining into the etiology of chronic endometritis, we find that it frequently results from the acute attack, or is a local manifestation of a constitutional disease. The disease may arise, however, from labor in which all the secundines have not come away, from uterine displacements, from exposures of various kinds during menstruation, from polypi or other tumors in the cavity of uterus. The most frequent causes, I think, result from labor in which involution is imperfect, and from displacements; it is frequent also after abortion. I will say that uterine displacements do not necessarily produce endometritis, because we can have versions and flexions without any symptoms.

Symptoms.—In chronic uterine catarrh, leucorrhœa is the leading symptom. The secretion from the body being of a watery nature, less dense and gelatinous than from the cervix, occasionally it is purulent and accumulates in the uterine cavity. We also have as symptoms: menorrhagia, weakness in back, digestive and nervous derangements, anæmia and sterility. When menorrhagia is present

it is a dangerous symptom because of the anæmia it produces. The menstrual flow increases until it is prolonged over the inter-menstrual period, and finally the loss of blood becomes continuous. Weakness in the back is the common complaint made by all patients afflicted with this trouble. It is occasionally the case that sterility is the only symptom complained of, which may be explained by the fact that the secretion may either destroy the spermatozoa or prevent them from passing up into the uterus. The ovum may attach itself for some time to the wall of the uterus, but from the imperfect formation of the uterine portion of the placenta abortion takes place, thereby rendering pregnancy next to impossible. It will be seen then that endometritis follows abortion, and abortion follows endometritis.

Physical Signs.—The physical signs cannot always be relied upon, for we often find the same signs present in other diseases that we find in endometritis. If a vaginal examination be made, we may or may not find tenderness, and the vaginal cervix will either be normal or thickened and elongated. The bi-manual examination shows uterus enlarged, and generally soft and flabby. The sound passes nearly three inches—sometimes quite that distance—and is tinged with blood upon withdrawal. The introduction of the sound is difficult and painful, and pressing firmly against the fundus may cause distressing pain or hysterical fits. Ovaritis may exist, in which case the ovaries are enlarged and may be felt with the finger. The sound is a very useful instrument in demonstrating irregularities of the mucus surface, yet I depend more upon the curette than the sound.

Prognosis.—The prognosis is generally favorable, but if the disease has been of long standing the patient should not be promised too much, or the doctor may expect to be roundly condemned. If patient is married, pregnancy often cures, providing she can be carried past the aborting period. When there is a strumous, tuberculous or syphilitic diathesis existing, it becomes doubly unmanageable.

Treatment.—We now come to the treatment of this very common disease. It is not the easiest thing to manage satisfactorily a case of chronic endometritis, and one cannot hope to do much with it, unless the exact pathological condition is kept constantly in mind.

One of the very best remedies in this difficulty is prophylaxis—prevent the disease; “an ounce of prevention” here is worth half a dozen doctors, and good doctors too. Do not allow the patient to be exposed in any way during the menstrual period; no lifting heavy weights, no violent exercise, no general bathing, no sexual excess. An excellent remedy often is to send the husband away on a European trip with his mother-in-law. I want to call special attention to one prophylactic measure which is so often overlooked by physicians, and which so frequently causes not only this disease but many others—it is *allowing the woman to get up too soon after confinement*. The proverbial nine days, which doctors usually decide that a woman shall remain in bed after childbirth, is a vicious prescription. It is foolishness to argue that, according to the present mode of living, a traumatic womb can involute in nine days. That custom may have answered fifty years ago, but it will not answer now. The length of time in which parturient patients may remain in bed after parturition should be from fourteen to twenty days under favorable circumstances. If the circumstances are unfavorable, the time should be still longer. The people and doctors look puzzled many times, and wonder why so many women have womb disease, when one of the principal causes, in my judgment, is that just named. Prophylaxis, then, is a most potent agent in the treatment of endometritis. It does happen, however, that sub-involution does not take place fully after the greatest care on the part of the doctor and nurse, and the glands of the uterine mucosa become enlarged, hypertrophied, and endometritis results. When that state of affairs exists, it is useless to hope for internal medication alone to cure—it will hardly palliate. The treatment must be local and direct. The mucus glands enlarge and crowd each other until the entire mucus surface is studded with distended glands. The nutritive act is interfered with, because there is obstruction to the capillary circulation in the mucus and sub-mucus tissue. When this state of affairs is suspected, the curette becomes invaluable, not only in determining the condition, but in treating it. Thomas’ dull-wire curette is probably best adapted to this condition; and having introduced Sims’ speculum, and steadied the womb with tenacula, or pulled the cervix near the vulva with volsellum forceps, the instrument may be carefully introduced, and the anterior and posterior walls of the uterus

scraped. The scraping process need not be harsh, but sufficient to break down the walls of the glands. It is not always necessary to dilate the cervix, but it is much easier to apply remedies where it is dilated. I have abandoned the use of sponge tents in dilating the neck, because they are potent carriers of septic material. I use either tupelo tents or dilators, and much prefer slow dilatation in this disease. After the curetting process is completed, and the debris scraped out of the cervix, a sound wrapped with a thin layer of absorbent cotton, and dipped in strong carbolic acid, is introduced into the body of the womb and applied. Iodine, pinus canadensis, or nitric acid, may be used instead of carbolic acid, and the patient requested to remain in bed for a week. These applications should not be made oftener than once every twelve or fourteen days. The application is not painful if carefully done, but inflammatory action may run up a little on the second or third day, yet it greatly facilitates the cure. The curette should never be used when there is tenderness in the anterior or posterior fornix, when the neck of the womb is immovable or tied down by adhesions, or when there is marked tenderness upon digital examination. The local treatment is to be accompanied with internal treatment of iodine, iodide of potassium, or iodide of arsenic. Cold baths or sea bathing aid in the cure. Prolonged dilatation for the purpose of allowing easy exit to discharges, as well as to facilitate the application of remedies, is being practiced now, and promises good results.

In the second condition, in which the blood vessels are dilated and the uterine mucosa is thickened, the treatment must be different. In such cases I recommend the patient to sit in a tub of very hot water for one-half to three-quarters of an hour at a time, keeping the feet and body out of the water. Injections into the vagina of hot water, one gallon or more at a time, twice a day, with patient in recumbent position, is of paramount importance. The vaginal injections are rather more serviceable in this condition than in the preceding one. In these last-named cases, an examination should be made to ascertain whether there is any displacement of the uterus, and if there is, a cure could not be effected until it is rectified. I do not use pessaries, except those made from cotton flannel or absorbent cotton, which I remove every second or fourth

day. Of course the pessaries are antisepticated. In flexions and versions, the trouble is not generally with the arteries, but the veins; the blood gets into the uterus well enough, but it has trouble to get out, on account of the venous congestion. Internally, in the second class of cases, I recommend ergot, hamamelis, pulsatilla and iron principally. In addition to these means, I order rest in the reclining position during menstruation, freedom from all venereal excitement, with mental quietude. Do not allow the patient to think about the disease too much, but engage in pleasant literature or social conversation. Electricity is quite highly extolled as a curative agent in endometritis by some writers, but I have never used it myself, and therefore cannot speak of its merits.

ART. XII.—The National Eclectic Medical Association.

The sixteenth annual meeting of the National Eclectic Medical Association will convene in De Give's Opera House in the city of Atlanta, Georgia, on Wednesday, the sixteenth day of June, 1886, at ten o'clock A. M., and will continue in session three days.

Committee of Arrangements.—William M. Durham, M. D., Atlanta, Ga.; S. T. Biggers, M. D., Ga.; A. D. Johnston, M. D., Ga.; W. A. Smith, M. D., Ga.; M. C. Martin, M. D., Ga.; Wm. Fisher, M. D., Bolton, Ga.; W. H. Phillips, Esq., Atlanta, Ga.; Geo. T. Ogletree, Esq., M. D., Atlanta, Ga.

All letters of enquiry should be addressed to Prof. Durham, Chairman of the Committee, Atlanta, Ga. The headquarters of the Association will be at the H. I. Kimball House. This is the finest hotel in the Southern States, and is first-class in all its appointments. The guests will find it all that a house of entertainment should be in the way of making its patrons comfortable and at home. Special rates will be arranged for, at this and other leading hotels in the city, for the members of the Association.

His Excellency, Henry D. McDaniels, Governor of Georgia, will deliver an address of welcome on the part of the Commonwealth. His Honor, Geo. W. Hillyer, Mayor, will also welcome the Association to the city of Atlanta.

The committee has arrangements in progress for reduced rates over the several railroads leading to Atlanta, with reasonable prospects of success. It will also give the Association an excursion to

Tolula Falls—"the Niagara of the South"—only a few hours ride from Atlanta. In picturesque scenery, genuine magnificence, and poetic grandeur, these Falls are unrivalled; and the excursion cannot fail to be a most attractive feature.

Let it be borne vividly in mind that this is the first time that our National Association has met in a Southern State; and also that the Legislature and the leading citizens of Georgia have *always* been the friends and supporters of Reformed Medicine. The meeting has been appointed there in response to the earnest solicitation of the Eclectics of that State and region, as well as of friends in other walks of life. We are assured that the Southern States will be represented in force. Our friends, the Eclectics of the North, who are such from conviction, are earnestly besought to make early arrangements for the purpose, and go to Atlanta in such numbers as to make this a grand national meeting in fact as well as in name.

These annual assemblages have been of a profounder value than that which pertains to their social and scientific character. The illiberal wing of the Old-School Fraternity is now besieging Legislatures and making efforts to acquire the absolute control of the Practice of medicine in every State of this Union. They disavow all regard for personal rights and constitutional liberty, and wherever they have by art or connivance carried their purpose, they scruple at no enormity. They have avowed, in unequivocal words, that their purpose is to uproot the Eclectic, the Homœopaths, and every practice of the Healing Art that does not subscribe to their creed. It behooves every true Eclectic, by every instinct of self-preservation and loyalty to the cause, to do his uttermost to maintain thorough and efficient organization. The future of Eclectic Medicine depends vitally upon the interest which we take in our meetings. We cannot expect that the public, that Legislatures, will do much in behalf of a cause when its professed supporters are dormant and lukewarm.

In order to maintain our proper position before the people, in order to refute the calumnies and persistent misrepresentations of Old-School writers and editors, and in order to defeat their conspiracy to secure control of the Practice of Medicine by procuring arbitrary class-legislation, we **MUST** give this National Association an earnest, undivided and strenuous support. Civil liberty itself is vitally con-

cerned in the matter, and falls to the ground if worthy men and good citizens are thus foully hindered in their prosecution of an honorable calling. Our cause is virtually, therefore, the cause of the American people as opposed to Medical and Political Despotism.

Atlanta is a pleasant, healthful and prosperous city, delightfully situated among the mountains of Georgia. There is little occasion for apprehension of the torrid heats. Its temperature in Summer is many degrees cooler than in New York, Boston, Philadelphia, Cincinnati, St. Louis and Chicago. The citizens are renowned for their hospitality and sociability. The friends of Eclectic Medicine are in force there, with a college, public men, and the leaders of sentiment to sustain them; and they look for our coming as a significant event in their history, and an assurance of the prestige of our School. The welcome will be signal in its warmth, its sincerity and generosity.

Whatever the pleasure there may be in store for us, however, brother Eclectics, we are not going to Atlanta merely for recreation and a holiday. The errand thither is business, and business of great importance to every Eclectic. I appeal, therefore, to all our friends for a full attendance. The South—let her be represented by the choicest, the bravest, the noblest of her sons. The North, the East and the West, not even excepting California, Oregon and the upper territories, and Lone-Star Texas—no longer alone—let them send on full delegations.

Who May Become Members.—All whose names are now on the Secretary's roll, and are not delinquent in payment of annual dues to the Treasurer, are members of the Association, with full powers and rights as such. There is no need for auxiliary societies to furnish such with nominations or credentials. In addition to these every State Society in sympathy with the Association is entitled to FIFTEEN delegates, and the Local Societies and Medical Colleges each to two delegates. All reputable graduates of regularly-organised medical colleges, without partisan exclusiveness, and physicians not graduates, who have been engaged in reputable practice for fifteen years, who are delegates to this Association, or have served as such, are eligible to Permanent Membership. *None, however, but members of a State or Local Society are eligible as such delegates.*

It is recommended that the Societies make their lists of delegates

full, and appoint at least one alternate for each regular delegate. The full name and post-office address of every delegate should be given in the certificates, together with other essential particulars as indicated.

The Secretaries are requested, so far as in their power, to transmit promptly at an early day the credentials of the delegates, together with the names of the officers of the respective societies, to the Secretary of the National Eclectic Medical Association, Dr. Alexander Wilder, Newark, New Jersey. After the first of June, the credentials may be addressed to the care of W. M. Durham, M. D., Atlanta, Ga.

Blanks for credentials have been already furnished to each Secretary of a State or Local Society. Those who have not received any will please apply to Dr. Wilder at once.

Let me again urge every Eclectic physician who may be able, to attend this meeting. To do so is a duty to yourself, to your constituency, to the cause of Progressive Medicine. This National Association is the authorised exponent of our principles, the recognised champion of our rights, the beacon-light of our hope. By its utterances the people know our practice, our deservings, our excellences. It is the bulwark of Medical Freedom in the United States; the protestor against Medical Bigotry; the leader in Medical Advancement. We strengthen it for its work; we help each other; we become wiser and better for attending its convocations and doing our part to further its work.

H. B. PIPER, M. D., *President.*

Tyrone, Penn., September 15, 1885.

By the President:

ALEXANDER WILDER, M. D., *Secretary.*

ART. XIII.—Commencement of the American Medical College.

The commencement exercises of the American Medical College for the college year of 1885-86—the thirteenth annual commencement—were held in the hall, Feb. 26, 1886.

The Secretary read a report of the session just closed, and announced that six students from the senior class had passed satisfactory examinations, and were ready to receive the Degree of Doctor of Medicine. These are the names of the candidates for graduation; E. L. Standlee, Ark.; W. S. Miller, Mo.; Otto F.

154 *Commencement of American Medical College.*

Voight, Mo.; W. H. Williams, Ind.; E. R. Montgomery, Mo.; S. W. Moreland, Ark.

E. L. Standlee had been selected by his classmates to deliver an address to the Faculty and his associates, and we here produce it:

"Ladies and Gentlemen and Professors of the American Medical College:

"We thank you, kind friends and worthy professors, who have come hither on this occasion to encourage us with your presence, a kind word or a bit of advice. Words cannot express our gratitude to you, who have gone so far and learned so much on your journey of life, that you kindly look back and reflect a smile of encouragement upon us just setting out on our pilgrimage. We thank you, who have ascended so high up the hill of science, that you condescend to pause a moment in your course, and bestow a cheering and animating glance upon us, who, so minutely small, almost invisible in the distance, are toiling over the roughness and steepness of the first rugged ascent; and we are stimulated to follow in your footsteps, slowly but surely, ascending step by step, until at some time we may possibly be enabled to peer over your highest summits and unveil the mysteries hidden in the vale beyond.

"We again thank you, worthy and respected professors, for your paternal care, your faithful counsels and affectionate instructions to us, many of us even thoughtless boys, exposed to the dangers and wickedness of this great city. You have opened before us those ways of wisdom pertaining to the science of medicine which, if properly conducted, are capable of affording health, pleasantness and peace, both to us and to our fellow man.

"You have warned us of dangers which might have beset our path. You have, as it were, removed obstacles which might have impeded our progress through life. You have corrected us when in error, and cheered us many times when we were discouraged. And how often have you told us of the bright and glittering rewards of knowledge and virtue; how, when we were called to render professional service, we would not be humiliated because of the fact *that we are irregulars*, but rather be exalted because we can be more regular than the more pretentious. And, on the other hand, how often have you told of the fearful recompense of ignorance and vice, which so much subjects us to the sneers and scorns of the public. We feel that you have filled, and are still filling, most honorable places in the profession, and that you have made great advancement in it as a science, for well you know of the fierce and long contest for its reformation and perfection as such. And we honor you as living monuments of this partly-gained victory, which we, by perseverance in knowledge gained here, intend to complete as nearly as time and opportunity will afford.

"For all this, we warmly and sincerely thank you; and may you continue on your way in peace, happiness and prosperity, your path waxing brighter and brighter until the perfect day; and may the light of your example long linger in blessings upon those of us who shall live to take your places. Again, I say, our lips cannot express the gratitude that glows within our hearts; but we will endeavor, with the blessing of heaven resting upon our present knowledge, to testify it in our future lives, by dedicating all that we are, and all that we may attain, to the promotion of virtue, the advancement of science and the good of mankind.

"And now, my beloved companions, I turn to you. Long and happy has been our connection as members of this class; and how pleasant the remembrance of our relations in former classes of this school; what pleasant hours have we spent in our weekly quiz, one of our number assuming the dignity of the chair; how we cherished the trial of hypothetical cases, so carefully prepared by our worthy Professor Kinsey, in which he spared no pains in preparing us for the stand as experts; how delighted we were with those lessons in electricity, and exhibition of batteries, so beautifully explained by our much-loved Dean, Dr. Pitzer.

"But with this day these scenes must close. No longer shall we sit in these seats and listen to the voices that woo us to be wise; no longer shall we gaze on the old, familiar walls of this hall; no longer shall we idly walk these streets, scarcely thinking or knowing that we were made for a purpose. Other society, other scenes await us; some returning to our former homes, while others will seek entirely new locations. We must part; but parting shall only draw closer the ties which bind us together. The setting sun, the evening star, and the merry laugh of the school-boy, shall still remind us of scenes that are past. While our existence is maintained on earth may we cherish a grateful remembrance of each other, and in heaven may our friendship be purified and perfected. And now, to friends, professors, and to each other, we tender our reluctant and affectionate farewell."

After the reading of this address, Geo. C. Pitzer, Dean of the Faculty, conferred the degree of Doctor of Medicine upon each of the applicants above-named, and delivered to them their diplomas. This done, Prof. Edwin Younkin delivered a fine address to the class, full of sound, practical advice, which was well received and highly appreciated by all present, especially by the graduating class.

Thus closes another year's work of the American Medical College. Announcements for the coming session will be ready soon, and we hope our students will spare no pains in aiding us to bring in a full class.

ART. XIV.—Electricity in Medicine and surgery.—By GEO. C. FITZER, M. D.

Electrolysis.—Electrolysis is a term applied to the process of decomposing compound substances by electricity. For this purpose the galvanic current, not the faradic, must be used; and that this direct current is capable of separating the elements that enter into the composition of fluids and solids is readily illustrated, as follows: Let us dissolve about thirty grains of iodide of potassium in two ounces of water. We put this solution in an open dish, on a suitable table, and observe that it is colorless. We now attach conducting cords to a galvanic battery, and on the distal ends of these cords we attach metallic electrodes—iron, copper or platinum. We now dip both of these electrodes into the iodide solution, at some distance from each other, and hold them there for a few minutes. Very soon we observe that the solution about the electrode attached to the positive pole of the battery changes color. It looks yellow at first, but rapidly grows darker, and finally the whole solution presents the full color of iodine. In this case the iodine and oxygen go to the positive pole, while the hydrogen and alkali go to the negative pole. In all cases of electrolysis, or whenever the poles of a galvanic battery are applied, the acids and oxygen present go to the positive pole, and the alkalies and hydrogen go to the negative pole.

Now it is well known that the human body is largely made of water, holding salts of potash, soda, etc., in solution. It is also a fact that the composition of the fluids and tissues of the body thus made up is readily decomposed in the living subject, by the application of the poles of a galvanic battery, the acids and oxygen rushing to the positive pole, while the alkalies and hydrogen as rapidly concentrate about the negative pole. In a given case, where metallic electrodes are applied directly to a part, the electrode attached to the positive pole is corroded; and if a strong current from many cells is used, the accumulation of alkalies at the negative pole may be so great as to produce a severe caustic effect. Such a result is rarely desirable, and unless we want it we are careful to avoid such violent action, by using a smaller number of cells. In either case, whether few or many cells are used, but especially where the current is strong, morbid growths, swellings, tumors, and enlarged

glands are frequently dissolved and carried away in a very short time by subjecting them to this process of electrolysis. Just how this disturbance of the elements in the tissues results in the removal of the diseased conditions referred to, we are not at present able to tell. Of course, in certain cases, where we use electrolysis to the extent of destroying the tissues, the effect is similar to the operation of an ordinary caustic, only the pain and subsequent inflammation are not so great, while the cure is more certain.

Tumors.—A case in practice will serve to illustrate the treatment of tumors by electrolysis, and the appropriate instruments used in making the applications. A young lady, aged 22, otherwise healthy, came to us in September, 1881, asking advice about a tumor situated on the side of her neck. She said the lump had been coming for several months, and that, notwithstanding she had consulted two doctors, and had used their treatment, the tumor continued to enlarge. When she came to us it was large enough to make her appearance quite unsightly, and she was very anxious to have it reduced, or removed—anything to get rid of it. She suffered from no pain, neither was the tumor tender under pressure; no increased redness, but it was very hard.

Treatment.—We attached conducting cords to a twenty-four cell zinc-carbon galvanic battery, McIntosh's, and on the distal end of the positive pole we attached a large sponge electrode. On the distal end of the negative pole we attached a small sponge electrode. We moistened both electrodes with warm water, and placed the one attached to the positive pole in the patient's hand. The small electrode, attached to the negative pole, we placed firmly on the tumor, and held it there for fifteen minutes. After fixing the electrodes as above described, we connected six cells of the battery. This produced a sensation of warmth in the tumor, or in the skin covering it. We carefully connected more cells, one by one, till a distinct burning sensation was complained of, but we did not remove the sponge from the tumor till the fifteen minutes were up. We did, however, move the sponge about over the tumor during the whole time of the operation. We did this to prevent a caustic effect. When we removed the sponge at the end of the fifteen minutes, the skin covering the tumor was very red. We had this patient return twice a week for a month, and could see a decided

improvement. The decomposition of the fluids in this tumor, effected by the application of the negative pole externally, was resulting in a gradual dissipation of the enlargement. But the process seemed slow, and we determined to resort to a more direct method of application. Instead of using a small sponge electrode on the negative pole, we attached an electrolysis needle. This is a harpoon shaped needle made expressly for the purpose. About a half an inch of the pointed end is left exposed; the remainder of the needle is carefully insulated with gutta-percha. These needles are kept in stock by surgical instrument makers, and can be had of different sizes, styles and shapes, already insulated and ready for use. One of these needles being attached to the negative pole, as above stated, and the sponge attached to the positive electrode placed in the patient's hand, we thrust this electrolysis needle into the center of the tumor. This was readily done by picking up the tumor between the thumb and fingers, and giving the needle a quick motion, as in the introduction of a hypodermic syringe. We now turned on six cells. The patient complained a little of a burning sensation, but she could bear it stronger, and we carefully connected other cells, one by one, till twelve were included in the circuit. This was all done in a minute or two. By this time the needle seemed quite loose in the tissues, and we could turn it about in any direction. We took advantage of this and did turn the point in different ways, and by the time the fifteen minutes were up, the time usually occupied in electrolysis seances, the needle seemed to be in a free space. We now turned off the battery, withdrew the needle and dismissed the patient for a few days. But little inflammation resulted from this operation, and scarcely any soreness was left after three days. The tumor had rapidly shrunk, and by the use of sponge electrodes applied externally after this twice a week, it speedily diminished in size, and finally disappeared entirely.

It should be observed that in the introduction of electrolysis needles into deep tissues, they should always be introduced so that a part of the insulated portion of the needle goes beneath the skin. This protects the skin from the electroic effect of the current, and saves the patient from much pain.

While tumors, swellings and enlargements of various kinds may be reduced in size, and finally removed by external electrolysis, with-

out the introduction of needles, where it is practicable the introduction of needles into the tissues will result in a more rapid dissipation of morbid growths. And, in some cases, it is required to introduce these needles quite a number of times; in others, one application is enough. Take a wart on the hand or face for instance. Let the patient take the sponge of the positive electrode in the hand, while we apply an electrolysis needle, attached to the negative pole, to the little tumor. The needle should be well fixed in the wart before the current is turned on, and then one or two cells at a time should be connected till the current is the required strength. The needle should not be taken away during the operation, for every time we take it off and reapply it we break the current, and this produces a shock which unnecessarily annoys the patient. We may move the needle about a little, so as to completely disorganize the whole tumor during the one operation; but we should be careful in moving the needle that we do not, at any time, lift it from the tumor. When done, before removing the needle, and this should be observed in all cases, disconnect the cells, or turn them off.

In all such cases as these the operator will be governed by the results in the number of cells used. First turn on two or three, and if but little effect is produced, connect others, and continue to increase till a burning sensation is complained of, and the tissues at the needle turn white, and the needle loosens. Fifteen minutes is long enough for any operation in electrolysis.

Electrolysis, applied in different ways, is a potent measure in such diseases as goitre, benign and malignant tumors, mother's marks, chronic rheumatic swellings, strictures, painful menstruation, uterine enlargements, etc. In fact, this is one of the most valuable therapeutic uses of electricity, if not really the most important of all. Large tumors are removed in this way, and where people object to the use of the knife, this method of treatment gives perfect satisfaction. The process is sometimes rather tedious, but the cure is generally very *permanent*. Tumors located anywhere upon the body may be treated in this way, and even malignant growths have been cured by this process. The current, in all these cases, should be as strong as can be borne, and if necessary anæsthetics, local or general, should be used.

Goitre.—In the treatment of goitre or big-neck we rarely resort to anything but external electrolysis, with such appropriate constitutional treatment as we think our patients may require. In most cases, iodoform and iron internally, and the daily application of galvanism, will show good results in a very short time. We apply the positive pole of the galvanic battery to the back of the neck, and the negative pole to the goitre. We use the current as strong as the patient can bear, and continue the seance for at least fifteen minutes. Should the patient complain of dizziness, the strength of the current should be reduced. Using a common McIntosh battery, commence with six cells, and add one at a time until the required strength is reached. From twelve to eighteen cells will prove amply sufficient in any case, and some patients cannot tolerate more than ten or twelve cells. In external electrolysis, it will relieve the patient materially to move the electrodes around a little during the seance—simply slide them upon the surface, but don't lift them.

In cases of very long standing, and where the goitre is very large, we may find it necessary to introduce needles occasionally. Or we may pass iodine through the tissues, by saturating one pole of a galvanic battery (the negative) with a solution of iodide of potassium and the other with pure water, and then apply them in the ordinary manner; or, in this case, we may apply both poles to the goitre—one on either side of the tumor.

Painful and Suppressed Menstruation and Sterility.—These conditions not infrequently depend upon a constricted or tortuous condition of the cervical canal, resulting in obstructions. In such cases the menstrual discharge is sometimes suddenly stopped, giving rise to nervous manifestations of the most distressing character; and then when the flow starts it is apt to be scanty, dark in color, and offensive. Constrictions or obstructions in the cervical canal are among the most common causes of sterility or barrenness in married women, conception being almost impossible while these conditions exist.

To relieve and permanently cure these cases we introduce, through a speculum, a suitable electrode, in the following manner: The electrode is attached to the negative pole of a galvanic battery, the patient holds the positive pole in one hand, and we place the electrode at the entrance of the canal. From six to twelve cells of the

battery are now brought into the circuit, and we gently pass the instrument into the canal. We may meet with a little resistance, but if the patient does not complain too much of a burning sensation, we may take three or four more cells into the galvanic circuit, and continue gentle pressure on the electrode. Eight to twelve cells are generally enough. Under the influence of galvanism the cervical canal relaxes, softens, opens, straightens, and the electrode enters the uterus. We now gently withdraw it, and frequently find it followed by a free flow of dark colored fluid. This operation may be sufficient to start and keep up a regular flow, and the canal may remain permanently soft and relaxed, and the patient enjoy good health ever after this operation—menstruate regularly and freely, and without pain. In cases where the canal is found tortuous, or the cervix flexed, we may have to introduce magnetic stems, and have them worn for a few weeks. And in some cases of flexions supporters may be required for a time; but for the speedy, permanent and radical cure of the contracted cervical canal, electrolysis is *the* remedy.

In cases of suppressed menses resulting in part or altogether from nervous exhaustion, mental influences, impairment of nutrition, etc., we resort to both galvanism and faradization. In either case, whether we use the galvanic or faradic current, we use the same appliances. We place a metal ball electrode at the mouth of the uterus, while it is attached to the negative pole of the battery, and place a sponge electrode upon the abdomen, over the region of the uterus, while it is attached to the positive pole of the battery. We use the currents as strong as they can be borne without discomfort, and continue the seances about fifteen minutes, repeating them daily. We have found that the best satisfaction results from the alternate use of the two currents, using the galvanic one day and the faradic the next. We may give these patients an occasional static bath with decided advantage.

This mixed plan of electrical treatment is also appropriate in cases of enlargement of the womb, impairment of function, uterine weakness, and sterility. Hundreds of cases of womb disease that are now lingering under ordinary medical treatment, might be speedily and permanently cured by these methods. But it too frequently happens that such cases are neglected, and the poor girls and

women suffer on and on, finally the general health fails, and decline and death terminate a miserable existence. We hold it to be our duty to warn people against criminal neglect in these matters. They should have attention before the "green sickness" and consumption of the blood result. It is a virtue to be modest, but it is silly to assume, under these circumstances, undue reticence and restraint. Women suffering from any of these ailments, or mothers having daughters afflicted, should let the facts be known, and relief should be sought at once, for delays in these cases are always dangerous.

Chorea or St. Vitus's Dance.—St. Vitus's Dance is a disease with which many people are familiar, at least the symptoms are well understood. Many cases recover in a few weeks, upon very simple plans of treatment; in fact, a recovery would soon take place in some cases without any treatment. But there are cases of chorea that linger, and in some cases no ordinary plan of treatment will give permanent relief.

In addition to the usual medical treatment, embracing macrotys, iron, arsenic, zinc, nux vomica, belladonna, etc., we employ electricity. We use galvanism and static electricity alternated, and find that we can, in long standing cases of chorea, do more with these measures than we can with all medicines combined.

We use the large gravity battery in chorea, and rely upon central galvanization. Place the patient upon the chair, apply the sponge attached to the positive pole upon the crown of the head, and place the sponge attached to the negative pole over the pit of the stomach. Now take into the circuit three or four cells, and gradually make additions till the patient is distinctly sensible of a peculiar metallic taste, which is evidence of the presence of the galvanic current. It is necessary to be extremely cautious in this procedure, for if we apply the galvanic current too strong to the head, and suddenly break the current, we may seriously shock the nervous system and produce dizziness. We always add one or two cells at a time, and then ask the patient if he tastes anything unusual; or we lift and re-apply the sponge on the head a few times, in order to break the current, and ask the patient if he sees flashes of light. If he answer these questions negatively, we connect another cell or two, and repeat the same process and questions, and if the peculiar taste is perceived and flashes of light are observed, we know the

current is about strong enough. We now steadily hold the sponges in place for five minutes. If the patient complains of dizziness, however, we reduce the strength of the current. The object is to use the current just as strong as we can with safety—without producing dizziness. A very strong current cannot be tolerated about the head; this is not necessary to effect the object sought. This application should be made daily, and we immediately follow it with a static bath. And where the chorea is localized, we frequently draw sparks from the weakened parts. Instead of immediately following central galvanization with the static bath, we sometimes use central galvanization in the morning, and then use the static machine in the evening.

There are many nervous ailments closely allied to chorea, and we find that they are speedily and permanently relieved in many instances by the judicious use of electricity alone—central galvanization and static baths; and where chorea depends upon local obstructions, suppressed discharges, or nervous exhaustion, these electrical treatments excel everything else.

The Climacteric.—Women between the ages of 40 and 50 pass through what is called "*The Change of Life*," and this is sometimes a very critical period in a woman's history. She frequently suffers from nervous and mental disturbances that prove distressing and quite unmanageable under ordinary plans of treatment. Sometimes the general health fails, local troubles arise, and if she survives at all, an invalid condition is suffered through the remainder of life.

Whatever else we may do, there is nothing equal to electrical treatment in these cases. Static baths, alternated with mild central galvanization, are the effective measures.

Chronic Rheumatism.—Many people suffer from painful rheumatic swellings, enlarged and crippled joints, that seem to resist all ordinary plans of treatment. We may paint and rub these diseased parts with acetic acid, or stimulating alkaline liniments, or we may resort to blisters. We may give these patients iodide of potassium, phytolacca, salicylate of soda, colchicum, and other anti-rheumatic drugs, and we may better the conditions, actually cure some cases; but we find that more of them will linger than will recover. Here is a place for electricity. We subject these patients to galvanism. We place both the positive and negative sponge electrodes upon the

diseased parts, a little distant from each other, and use the current as strong as can be borne without discomfort. From ten to eighteen cells of an ordinary zinc-carbon battery (McIntosh) is amply sufficient; or twenty-four to thirty-six cells of a gravity battery. In some cases, when the part is very tender and painful, it is advisable—even the best practice—to place the positive pole *only* upon the diseased part, while the negative pole may be held in the hand by the patient. These seances should be repeated daily, and should occupy about fifteen minutes' time. In cases of long standing, and where there is much swelling and stiffness of the joints, we find that strong sparks drawn from the parts with a static machine will hasten the cure. This practice may be alternated with galvanism, employing them on alternate days, or using both on the same day, at different hours. This is a very effective practice; and we find so many of these cases of rheumatism where the patient really needs to be thoroughly and effectually invigorated, that the static machine serves an excellent purpose.

Neuralgia.—Acute cases of neuralgia are generally treated with success by the judicious use of quinine, morphia, atropine, gelsemium, strychnia, salicylate of soda, tonga or tongaline, etc., and we prefer to treat recent cases of neuralgia with some of these remedies; but where a neuralgia lingers, and becomes fixed in any nerve branch or trunk, then we cannot so readily cure it by the administration of drugs. Sciatic and crural neuralgias are particularly stubborn in some instances, and nothing short of toxical doses of atropine, given hypodermatically, with a little morphine, or nerve-stretching, will afford anything more than temporary relief. It is in these lingering cases of fixed neuralgia that we find electricity so valuable. Let it be sciatic or crural neuralgia, and no matter how acute and severe the pain may be, if we place the patient upon an insulated stool and draw sparks from the painful part with a static machine, relief will be enjoyed almost immediately. In some instances fifteen minutes of this kind of treatment will afford complete relief, and the patient may not suffer from any pain for several hours. Frequent repetition of this treatment, one or twice daily—twice in bad cases—will eventually result in a permanent cure. While much benefit may be derived from galvanism and faradism in neuralgia, no form of electricity equals the static in the treat-

ment of neuralgia. It seems to be just the thing needful. We think it changes and improves nutrition in the affected nerves, and that the cure results in this way. Where people suffer from scattering and changing neuralgias, the static bath alone, by improving the nutrition of the general nervous system and invigorating the whole animal economy, will frequently start and complete cures that could not be wrought by any ordinary method of treatment.

Static electricity is rapidly growing in popularity everywhere, and we are sure it merits all the reputation it is gaining. In France, where the medical profession has always been ahead in electrical matters, this form of electricity is exceedingly popular. The following sketch, from an exchange, is sufficient to evidence all that we have said:

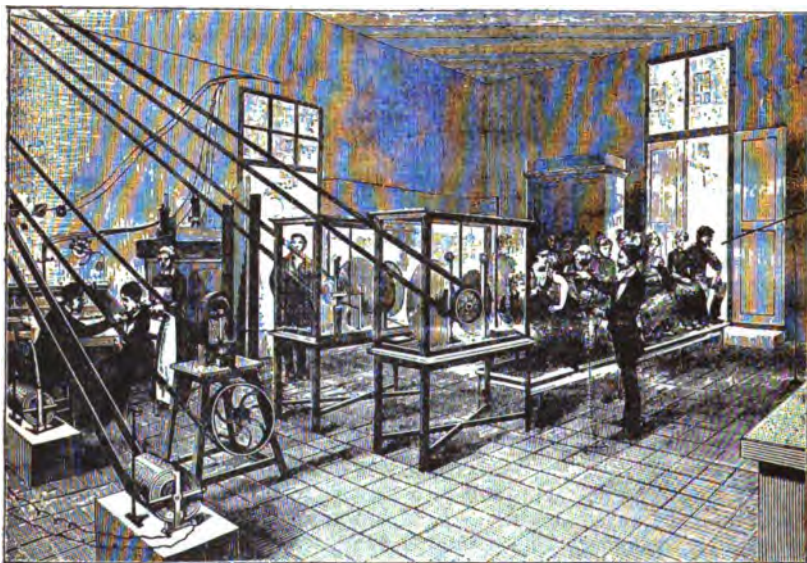
Electricity at the Saltpetriere.—"At the Saltpetriere, electricity constitutes one of the chief elements in the treatment of the sick. In fact, the service of electro-therapy has existed here for a long time. Its creation, in 1877, was due to the initiative of Prof. Charcot, and its organization was the work of Dr. R. Vigouroux, who has continued to direct it ever since its foundation. The patients, as their numbers are called, pass from the reception room into the room for treatment shown in the engraving. Most of them take a seat upon two rows of insulating stools, where they receive electricity from the two machines seen in the middle of the room. They are thus, in the first place, submitted, for a length of time varying with the case, to what is called an "electric bath."* Then the operator, provided with special instruments of various forms, called "exciters,"† makes such an application to each person as the case requires. As soon as a patient has been thus electrified, he gives way to another. In this way the sixteen stools are constantly occupied. The number of persons electrified at each sitting is 180, on an average. Those who are not to sit upon the stools go over to the electro-therapeutic table (shown on the left), where they receive electric applications of a different kind. The total number of persons treated at each sitting may be estimated as 200.

"There are two categories of patients, viz.: the inmates of the Saltpetriere, and those from the outside who come solely for electrical treatment. The inmates, of both sexes, belong for the most part to Prof. Charcot's wards. As for the outsiders, many of them come from afar, by rail, boat, etc. Numbers of these persons have a more well-to-do appearance than the usual patients of hospitals.

* These are the electric baths we speak of in referring to the static machines.—P.

† We call these electrodes—pointed electrodes, ball electrodes, etc.—P.

"The original and important element of this organization consists in the use of the electric machines. These latter, which had nearly ceased being used in medicine, have been very successfully applied by Dr. Vigouroux in the simultaneous treatment of a number of sick persons. Without them, that is to say, with the ordinary processes of electrotherapeutics, the most active physician cannot treat more than twenty persons per sitting, which is an insufficient number. The electric machine solves the problem of the extension of the benefits of electricity to an indefinite number of patients.



ROOM FOR ELECTRIC TREATMENT AT THE SALPÊTRIÈRE.

"Dr. Vigouroux has been kind enough to inform us as to the results of this electric treatment. They are, according to him, of the most satisfactory character. We believe, with most physicians, that nervous affections are nearly the only ones amenable to electricity. This, according to Dr. Vigouroux, is too narrow a view to take of it. At the Salpêtrière almost all complaints are represented in the patients who succeed each other on the stools. In Dr. Vigouroux's opinion, electricity, especially static, must be considered as a stimulant and a regulator of the general nutrition. But it is not our object to write a medical criticism, and we shall confine ourselves to

the descriptive side of the subject under consideration. Those persons ignorant of medicine, who accompanied us, were especially struck by the indifferent attitude of the patients sitting upon the insulating stools. One had unfolded a newspaper; another was doing crocheting; a baby was asleep upon its mother's knees; and, in curious contrast, the hair of each member of this quiet party was standing on end through the effect of the electricity. The calmness diminished slightly when the operator drew some sparks with a metallic ball; but, positively, the treatment appeared to us very mild, and was certainly borne very willingly by all these patients. Several, who were very infirm, were seated in large arm chairs or lying upon stretchers placed upon the insulating supports.

"The electric machines, as shown in the figure, are inclosed in glass cases that preserve them against dust and dampness. They are of the Carre system, but arranged horizontally. Dr. Vigouroux is now having others constructed on a new plan.

"A small laboratory, alongside of the room for electric treatment, serves for experiments or researches."—*La Nature*.

While our apparatus in America may not be quite so elaborate, we are abundantly supplied with effective electrical machines, and prepared, in every way, to do as successful work as can be done in France or anywhere else, and we are daily proving these assertions by actual experiments and clinical practice.

ABSTRACTS.

Hydrochlorate of Cocaine.—By C. A. WEST, M. D.

In the first place, Dr. Lyons says, we are all wrong; it is not cocaine at all; it has been christened by science. Don't try to say it all in one breath; its name is methylbenzomethoxythyltetrahydropyridinecarboxylate. This remedy is one of the greatest therapeutic discoveries of the nineteenth century. Not only is it of incalculable benefit in ophthalmology and otology, but its range of usefulness seems to extend over the entire field of nerve disorders or nerve irritation. I have, in this article, compiled, from the literature of the subject, the uses and effects of the agent upon the system, as a guide to the reader in further experimentation with the drug, and it is hoped that any new result will be speedily reported.

Dr. Bauduay, in the *Col. and Clin. Record*, says: "As soon as a medicinal dose of cocaine has reached the circulation a feeling of

well-being is experienced; all sense of fatigue disappears; the mind becomes clear; ideas flow constantly; the faculty of speech is exalted; sleep is impossible. To one unaccustomed to it, intense and persistent nausea manifests itself. But, however great the nausea, vomiting is absolutely impossible. The appetite is abolished, but the digestive function is not disturbed."

These facts being established, Dr. Bauduay became convinced that it would be an excellent anti-emetic remedy, and such has proved to be the case. In vomiting of pregnancy it has not yet failed. In cases of uncontrollable vomiting of hysteria, where tried, it has acted promptly and satisfactorily. Dr. Manassein, of St. Petersburg, has tried it in several cases of sea-sickness, and announces universally brilliant results. He gives a teaspoonful every two or three hours of the following solution: *R.* Hydrochlorate of cocaine, grs. ij.; alcohol, qs.; aquæ dest., ℥iv. *Misce.*

In adults its continued use will cause rapid decay of the teeth. In the teething of children, its application to the gums relieves the irritation, however severe, almost by magic soothing and quieting the child, at the same time controlling vomiting and regulating the action of the bowels. It will prove valuable in cholera infantum. Its continued use in the adult causes the alvine evacuations to become dry and hard, and infrequent (Bauduay), and their expulsion is accompanied by violent spasmodic contractions of the abdominal muscles. It produces incontinence of the urine, a paralytic condition of the bladder, and a loss of power to expel the urine. In proper doses, it works well in irritable conditions of the bladder or urethra.

It is a very reliable aphrodisiac, directly stimulating the sexual organs and imparting tone.

Dr. Bruns, of Tübingen, injected twenty grammes of a two-per-cent. solution into a bladder, in a case of calculus, and crushed a hard stone, which weighed sixty grains, the operation being painless, and occupying twenty minutes. The anæsthesia lasted half an hour.

The *Therapeutic Gazette* quotes Bono's experience, as follows: "An injection of a few drops of a two-per-cent solution promptly relieves the pains during erection and urination in acute gonorrhœa. It is unrivalled in rendering caustic injections, or the introduction of the catheter, painless. Its local effects are highly bene-

ficial in syphilitic tonsillitis, in stomatitis mercurialis, and in the difficulties of deglutition. It is useful also in acute painful eczema, pruritis vulvæ, sore nipples and burns.

In medicinal doses, its effect is to increase the action of the heart and impart tone and strength. But when the dose is excessive, the pulse becomes weak and frequent, and dyspnœa is induced by slight muscular effort. The respiration is more frequent and superficial. It causes contraction of the capillaries, producing a local pallor, the pupils dilate, and profuse diaphoresis is apt to follow. In several cases it has been used very successfully in facial neuralgia, applied externally or used hypodermatically.

Dr. Bauduay used it successfully in the cold stage of intermittent fever.

Cocaine has been used by a number of physicians for hay fever; in some cases the results were brilliant, in others there was amelioration only, and in others the results were unsatisfactory. All, however, agree that the variety of effect depends upon the strength of the solution used.

A case is reported in the *Col. Med. Jour.* of its successful use in a number of severe cases of coryza, dropped into the nostrils from a medicine dropper.

In several cases, it has been applied to the throat in cases of whooping cough, and has produced an amelioration and gradual improvement of the symptoms.

Dr. Greenwell, in the *Therapeutic Gazette*, reports a case of membranous croup, where, as a last resort, he applied with a camels' hair pencil a two-per-cent. solution freely to the pharynx and other parts of the throat, and threw a spray also into the larynx. The first application caused the breathing to grow easier; and the second application, six hours later, produced marked beneficial effect; only four applications were necessary to effect a cure.

In many troubles peculiar to women it has worked well. In inflamed nipples the healing process is very rapid, the pain and distress being immediately relieved. By this, many cases of mastitis will be prevented, and a potent cause of delay of improvement of mothers will be removed. In one case, an abscess of the breast was lanced, after deep and localized injections of cocaine, without pain. Several operations for lacerated cervix have been performed

painlessly, after a free application of a strong solution. But several cases are reported where very unpleasant effects were produced by its application to the vagina or cervix.

In the *Weekly Medical Review* there is a report of four cases, in two of which decidedly unpleasant effects followed a local application of the drug to the cervix; and, in the other two, unpleasant effects followed its internal administration.

"There is nothing which relieves any of the ordinary manifestations of hysteria so completely as the hypodermic injection of cocaine." (Bauduay).

The uses of hydrochlorate of cocaine in surgery have been many, and its usefulness here seems to be very wide. In one case, it was injected into external hemorrhoids, and they were excised without pain. Dr. Kingsbury, in the *Brit. Med. Jour.*, says he injected ten minims of a four-per-cent. solution along a fistulous track, and cut through the sphincter into the bowel with but little pain. Other cases of the same operation are reported. Dr. Bruce, of New York, bandaged a penis to prevent the free circulation of the blood, and injecting a few drops of the solution in the prepuce, and in the meatus, and underneath the prepuce, he performed circumcision, brought the excised edges of the skin and mucous membrane together, and put in fifteen interrupted sutures, *without a sensation of pain*, the operation lasting forty minutes.

Dr. J. Leonard Corning was the first to propose arresting the circulation in the part, as done in this case just mentioned. And several important operations have been performed since by adopting his method.

Dr. Milton J. Roberts reports, in the *N. Y. Med. Rec. and Jour.*, four or five important operations performed by this method with perfect success. The local effect of the agent is heightened by retarding the circulation, and thus retaining it in the part. Dr. A. L. Clark has amputated several fingers by so doing. Dr. Butterfield controlled the pain caused by a fractured rib by injecting eight drops of a four-per-cent solution over the seat of the pain. As a dressing for burns, scalds and painful ichorous surfaces, fifteen grains of the muriate of cocaine, in one ounce of vaseline, is said to be unequalled.

By saturating the drug with nitric acid a painless caustic is formed, very efficient for many purposes.

The effect of cocaine upon the mind is wonderful. In a very few minutes after taking a hypodermic injection of half a grain a sensation of happiness fills the mind. There is an expression of pleasure on the face, the eyes are brightened, the pulse is accelerated, every emotion is pleasurable. Business cares cease to trouble, and only hopefulness and cheerfulness fill the mind.

These effects are very transient, however, and the feeling of depression which follows is in proportion to the feeling of exhilaration. The habitue (and the cocaine habit is very speedily and easily formed) then becomes the greatest coward, always imagining some unknown danger. He becomes suspicious of his best friends, of his wife and children, of his partners or other business associates. And the mind becomes rapidly debased, the moral sense being finally obliterated; sleep is almost entirely absent. But the most terrible effect is the complete enslavement of the will. The influence of alcohol and of opium pale into insignificance when compared with that of cocaine.

Several experimenters verify the efficacy of this agent in insanity, especially of a hysterical and hypochondriacal type, and in melancholia. Given hypodermically, its effects are immediate and beneficial. Dr. Bauduay treated a large number of these cases with eminently beneficial results.

It has been known for a long time that this agent, or the coca, was valuable in the treatment of the alcohol and opium habits. It absolutely replaces these agents, and produces the most positive disgust for them, but the antidote must be administered only with the most extreme caution, by a careful and judicious physician, always hypodermically, or the cocaine habit will be formed, which is more disastrous than either of the others.—*Chicago Med. Times.*

Treatment of Tapeworm.

On the 17th of August, 1885, was called to see Wm. V., a German aged twenty-seven years, a butcher by trade. Found him very anæmic; had vertigo; and complained of a worm-like movement in his stomach and was always hungry. He had no fever. Everything seemed to be negative when asked general questions. I finally began to question him about that worm-like movement in his stomach, and asked if he ever suspected he had anything like a tape-

worm. "Oh, yes," said he. "What makes you think so?" I inquired. He then explained how, two or three years previous, he had passed pieces of tapeworm while riding his horse driving cattle. Said he had tried several physicians and various remedies since, and could get pieces of it away, but never all of it.

I resolved to try my luck for the tapeworm; gave him a cathartic pill to move his bowels gently, and allowed him nothing to eat, excepting a little beef tea, for eighteen hours. Had his wife get some pumpkin seed, and prepare two or three ounces of the kernels; had them steeped in half a pint of water for two or three hours, then strained through a cloth, and added one pint sweet milk. After his fast of eighteen hours had expired, gave him the one-pint mixture all at one dose; in two hours followed it up with a seidlitz powder. Told the patient to be sure and save the worm, should it be passed before I called the next day. The next day, to my delight, found the worm, *head and all*, which measured twenty-seven feet in length, and three-quarters of an inch at its greatest width. Have the specimen preserved in dilute alcohol, and the head mounted on a glass slide for the microscope. Under a low power, the suckers on its head show up beautifully. The patient made a rapid recovery, and has not been troubled since. He claims to have gotten it by eating raw meat. He said he felt fifty dollars worth better, but thought I would let him off with five. I thought different. The only remuneration I got was the worm, as he skipped the town and failed to settle his accounts.—G. C. LEWIS, Fairbury, Ill., in *Med. Brief*.

Different Forms of Paralysis Met with in Young Children.*

The most frequently met form is infantile spinal paralysis or *polio-myelitis anterior*. This term indicates the pathology of the disease, which is an inflammation of the nerve cells of the anterior horns of the white matter of the spinal cord. This affection may come on at any period in life, but is generally seen in children, and usually at the age of ten years. The children are generally strong and apparently healthy, and the paralysis is sudden in its onset. Fully two-thirds of the cases I have seen have been attacked in the summer months,

*Read before the Obstetric Society of Philadelphia, by Dr. Wharton Sinkler.

hot weather and teething seem to be predisposing agents. Dr. Barton, of Manchester, Eng., reports that of fifty-three cases in which he noted the time of onset, twenty-seven occurred during the months of July and August. The attack is preceded by fever of greater or less intensity, with pain in the head and limbs, and with general soreness when moved or lifted. After a few days, paralysis, more or less complete, occurs, but in a few days a regression of the paralysis from some of the afflicted parts occurs. Sensation is undisturbed. Atrophy of the muscles is soon apparent; in fact, the paralyzed portion stops growing for a time. The temperature of the affected portion is low, and the skin is blue and mottled, but there is no tendency to ulceration, and wounds or scratches heal readily. The skin and tendon reflexes are lowered or abolished in the affected limbs. At first, response to the faradic current is lost, but later on the galvanic current produces but little muscular contraction, except when a powerful current is used.

When atrophy has set in the reaction of degeneration is seen. Most of the cases of club-foot are the result of infantile palsy. Deformities of the upper extremities are rare, this disease differing in this respect from cerebral palsy.

The exact causes of infantile palsy are unknown. Over-fatigue often precedes an attack; sudden chilling is considered by Seguin to be a frequent cause.

The prognosis as to perfect recovery is only moderately good. In many cases the most faithful treatment fails to relieve the paralyzed muscles, but in almost every case we can expect more or less improvement.

In the early stages of the paralysis, after the subsidence of the fever, the treatment should consist of mild stimulation of the spine; ergot and small doses of bromide of potassium should be given internally. Later in the disease, iodide of potassium should be given instead of the bromide. When the palsy is established, electricity and massage are the means to be depended upon. They must be persisted in for months, or even years. Internal treatment is of little or no value unless there is some failure in the general health of the child.

Spasmodic Paralysis, as seen in children, is of two varieties: When of primary spinal origin; or when there is a descending de-

generation of the cord from a primary cerebral lesion. Sometimes there seems to be a congenital defect in the motor tract of both brain and cord. In the spinal variety there is often seen, soon after birth, rigidity of the limbs; at first this is only occasional, but as the child gets older every effort to move a limb causes muscular rigidity in it. The child does not attempt to walk until three or four years of age. Then, when it is supported under the arms and tries to stand or to walk, the movements are very peculiar and characteristic. The feet are extended and inverted, so that the child rests on the toes. The knees are strongly adducted, and lock together, so that the legs become entangled. By degrees the child becomes able to walk by the aid of apparatus or some form of crutch. The hands and arms are often affected, and every effort causes muscular rigidity to come on. The mind is unaffected in these cases, and the speech may be distinct, although it is often very defective. Sensation is unimpaired, and the patella reflex and ankle clonus are exaggerated. There is no wasting of the muscles.

By these symptoms we infer that the disease is localized in the lateral columns, but exactly what is the nature of the lesion we do not know, for no post-mortem examinations have been made in these cases. The cause is unknown. Hamilton found three, of seven cases which he had collected, were premature births; adherent and contracted prepuce has been thought by some to be caused by reflex influence of the spasmodic paralysis, but operation has not given relief.

The treatment should consist of massage, galvanism of the spine, ergot and cod-liver oil. Fluid extract of conium may be given to allay spasm. In some cases great improvement follows this treatment.

Even where we can do no particular good to the limbs, very much can be effected by the aid of apparatus. Properly adjusted braces to the legs will enable a child to walk on crutches or in a Darroch wheel crutch.

There is a form of spasmodic spinal paralysis in which the child is imbecile. In these cases there has probably been congenital defect in the cerebral development. The head is small, and there is no evidence of intellect. Often mystogeneses is present.

Paralysis from Potts' Disease.—Paralysis of the lower extremi-

ties may result from caries of the spine. The lesion may be either a meningitis or a myelitis. If meningitis alone, there is considerable pain and contraction of the legs. Generally there is a transverse myelitis. The symptoms are numbness and pricking of the legs, with loss of sensation; gradual increasing loss of power, with wasting of the muscles; incontinence of feces, with retention or incontinence of urine. Sometimes there are ulcers over the sacrum or on the limbs.

The indications for treatment are evident. An apparatus which will take the weight of the body from the spine is necessary, and is sometimes sufficient of itself. Frequently, however, the employment of the actual cautery over the spine brings improvement in the symptoms when an apparatus has done no good. Massage and electricity should be used to restore the atrophied muscles.

Paralysis from Rachitis and Diphtheria is seldom complete. The former is often spoken of as pseudo-paralysis of rickets. Negro children, who are very subject to rachitis in cities, often have rachitic paralysis. The child, at three or four years, is unable to walk or stand. Sometimes it has not sufficient muscular development to sit upright. It can move every limb, and has no loss of sensation, but has no power. Cod-liver oil and massage bring about the most satisfactory results in these cases.

Diphtheritic Paralysis usually begins in the muscles of the soft palate and pharynx, and extends to the extremities. It is generally bilateral and incomplete, but I have seen a case in which it was hemiplegic. It is considered peripheral in character, and is believed by some to be connected with the altered condition of the blood consequent upon the original attack.

Diphtheritic paralysis is rarely fatal, and lasts in most cases only a few weeks, although it may continue for months. Strychnia and electricity are the means to be employed, and the case usually responds promptly to these remedies.

Pseudo-hypertrophic Paralysis is a rare affection, but is of much interest. The disease belongs almost exclusively to infancy. It is characterized by muscular paralysis, with great increase in the bulk of the muscles. This enlargement is due to fatty deposits, while the muscular tissue proper is atrophied. The affection begins with a weakness of the legs, a peculiar balancing of the trunk, and separa-

tion of the legs in walking. There is great difficulty in getting from a sitting to a standing position. Later in the disease the muscles become wasted and shrunken, and the general health begins to suffer. Death results from implication of the respiratory muscles.

The skin is mottled like a piece of castile soap. The tendon reflexes are abolished, and electro-muscular contractility is impaired. There is often a greater or less amount of mental weakness. There is no loss of power over the bladder and rectum, and sensation is not affected. Heredity influences the disease, which is slow in its progress, but the course is steadily downward.

Frederick's Disease is still more rare than the preceding. It is practically, locomotor ataxia in childhood. Here is evidenced, also a hereditary disposition, and the female children seem most liable.

Cerebral Palsies.—Hemiplegic may result from some injury at the time of birth, either from the forceps or from the pressure of a prolonged labor. A child may be born hemiplegic after a perfectly natural and easy labor. Under these circumstances we must regard the paralysis as the result of imperfect cerebral development. Hemiplegic, under these circumstances, is generally permanent. The side affected grows less rapidly than the other. The flexors of the arm and hand are usually contracted. The leg becomes rigid in the act of walking.

Convulsion is most always associated with cerebral paralysis, either immediately preceding the attack or occurring soon after. The convulsive movements are most violent on the side which is subsequently paralyzed. The child will have an idiotic expression, and speak indistinctly; but their friends think them intelligent.

The convulsions are liable to return when the child is older, and then assume an epileptic form. The walk is peculiar, and is called the *spastic* gait. The patient plods along, looking as if he were about to pitch forward. The affected limbs are smaller and shorter, the growth of both bone and muscle being affected. In the choreic variety, where the arm is in constant motion, the muscles may become hypertrophied, but the bone remains short.

Prognosis.—As a rule, the prospect of recovery is bad; even if the patient gets well, the hemiplegic side remains awkward.

Treatment.—Cod-liver oil and massage, which always relaxes the contracted muscles. The affected limbs should be used as much as possible.—*Obstetric Gazette*, December, 1885.

EDITORIAL:

Intestinal Worms.

It is quite common for people to attribute various complaints of children to the presence of worms; and family almanacs are frequently filled with descriptions, illustrations and symptoms of worms. One can scarcely look through one of these wonderful books without suffering from peculiar sensations like the moving of snakes in the stomach, and some people are really frightened into the firm belief that they are being devoured by worms. Well, some people are wormy. They really have worms, for these things do exist, and they inhabit the intestinal canal of human beings; but we meet with cranky people too, and they sometimes suffer from worm symptoms, and have their children drugged for worms every month or two, when, really, no worms are present. While we know that worms are a reality, and that people do really suffer from them sometimes, we are far from attributing nearly all the nervous ailments and digestive disturbances, so often met with in children, to the presence of worms. That worms do frequently aggravate and complicate diseases we are certain; for when we have the care of people suffering from different ailments, and find that worms are present, and give something to quiet the worms, or to expel them, our patients invariably get better.

Worms trouble children more than they do adults, and when attacked by any of the prevailing diseases incident to childhood, the presence of worms may excite nervous manifestations in children, and violent convulsions may result from this cause. And worms may complicate and aggravate disease in the adult too. We knew a case of bronchitis to linger for months, and resist all ordinary plans of treatment, till, finally, it was discovered that the patient had a tape-worm, and when this was expelled the bronchial trouble disappeared. In the case of a child, we knew a chorea to resist all treatment till a multitude of pin-worms were removed from the rectum. While we should not attribute every unfavorable symp-

tom of disease to worms, we should be on the lookout for them always, and never speak lightly of any suggestion made to us by mother or nurse about worms.

Three species of worms are common in this country: First, the common long, round worm, so frequently met with in children, called the lumbricoid. It inhabits the intestinal canal, and may be found anywhere from the stomach to the rectum. It lives upon the intestinal mucus, and while a person is well and the intestinal mucus plentiful, this worm is satisfied and gives but little trouble. Children may have dozens of them, from four to nine inches long, and nobody know about it. No complaints may be made by those having them. But let the individual infested fall sick from any ordinary complaint, and as the intestinal mucus changes and becomes scanty, these worms become restless; they begin to move about, change position and location, and sometimes crawl out at the mouth. It is under these circumstances that worms become troublesome. It is in cases of children that we see most of this trouble, but adults may be annoyed by these worms too.

In all cases where worms migrate and threaten to crawl out of the mouth, a little sage tea will cause them to retreat more promptly than any thing we know anything about. To simply quiet these worms in the alimentary canal, and prevent them from exciting diarrhea or convulsions, santonine is the remedy. To expel them from the alimentary canal, three or four doses of santonine, given six hours apart, and followed by a brisk cathartic, is effective. The old infusion of pink and senna is about as good a remedy for the lumbricoid as we have ever used.

The next variety of worms frequently met with, in children and adults, is the common pin-worm—*ascarides vermicularis*. These little worms inhabit the rectum, and are sometimes found in almost innumerable numbers. They are small and sprightly, and when they become restless and begin to move about in the rectum they excite tickling and itching sensations that are almost intolerable. We despise these worms, and take great pleasure in destroying them. R. Nitrate of silver, gr. viij.; water, ℥vj. M. Inject two ounces of this into the rectum night and morning till all used. This will instantly kill every worm it touches, and three applications will nearly always reach every worm present. No unpleasant sensations

arise from this solution. In cases of children one ounce is enough to use at each injection.

Tape-worms inhabit the small and large intestines. Children or adults may have them. We have a tape-worm in our office now, thirty feet long, that we took from a child eighteen months old. The child is now in good health. From the time it was six months old the mother had been in the habit of giving it raw meat daily, and she said it had eaten great quantities of meat almost daily—beef. It is certainly true that much meat, taken as a common and daily article of diet, predisposes to the generation of worms. People who live principally upon fresh vegetables and fruits, and well-cooked meats in moderate quantities, rarely suffer from any kind of worms. We rarely meet with more than one tape-worm in the same individual at the same time, but occasionally we find two or three in the same person. Tape-worms do not cause more disturbance than other varieties of worms. They do not subsist upon the food we take for nourishment, but live upon the intestinal juice, like other worms. We hate these worms too, and the very thought of a living reptile (?) like this creeping around in our stomachs and bowels is enough to make us nervous of itself. We are in favor of killing them. *R.* Pumpkin seeds, $\mathfrak{z}\text{ij}$. Bruise in a mortar, pour a quart of boiling water on them, let stand till cool, then, upon an empty stomach, let the patient drink this. It should all be taken within three hours time. This alone will sometimes cause the expulsion of the worm, but we rarely trust it, and follow it with this. *R.* Oil male fern, $\mathfrak{z}\text{j}$.; kamela, $\mathfrak{z}\text{ij}$.; kosso, $\mathfrak{z}\text{ss}$.; emulsion of gum arabic and sugar, $\mathfrak{z}\text{vj}$. *M. S.* One-third at a time, and repeat every two hours till the bowels move freely, or the worm is expelled. The use of this should be commenced about three hours after the last dose of the pumpkin-seed infusion.

Chloroform, turpentine, pomegranate, and many other things have been recommended for the expulsion of tape-worms, but this plan of treatment gives us satisfaction, and we adhere to it.

Bromidia.

Wm. H. Day, M. D., M. R. C. P., M. R. C. S., etc., 10 Manchester Square, London, W., says: I like the preparation Bromidia. In the cases in which I have prescribed it, it has had the effect of tranquilizing the nervous system and inviting calm sleep.

BOOK NOTICES.

ERYTHROXYLON COCA.

This is a book of 103 pages, gotten up by Parke, Davis & Co., of Detroit, Mich., and is presented to the medical profession, with their compliments.

This book contains all that is really interesting and practical upon the subject of coca and cocaine. It is a complete resume of the history and therapeutic application of coca and cocaine, and is of inestimable value to every practicing physician who desires to keep pace with the times. It tells us all about how to use coca and cocaine, what they will remedy, relieve and cure. Send to the publisher for a copy.

MISCELLANEOUS PARAGRAPHS.

Nichols & Co.'s Elixir of Bark and Iron.

The preparation of bark and iron, advertised in this issue of the *JOURNAL*, by Billing, Clapp & Co., of Boston, Mass., is one of the most economical and efficient preparations of the kind that has ever been put upon the market. We are ready to verify everything claimed for it. It is a reliable preparation.

Midwives and Medical Legislation.

In regard to an article in the February number of the *Ecl. Med. Journal*, in which the esteemed author expresses the opinion that it would be unjust to restrict, by any kind of law, the practice of obstetrics by midwives, I might be allowed to say that this view would be very well if there was no medical legislation at all; but, as it is, every State of these United States has some kind of a law regulating the practice of medicine, and inflicting penalties upon physicians for the violation of it.

So in the State of Missouri the physician is compelled to report to the clerk of his county every case of child-birth that comes under his observation—a penalty of \$10 makes the law more exhilarating. Now, of what use is this law if, on the other hand, every woman who thinks herself capable of cutting an umbilical cord, after nature

has done all the work, is allowed to practice "midwifery," to charge \$5, and to utterly disregard the request of a report of the case to the county clerk?

But this is not all. In cases of accidents, emergencies, malpositions, malformations, etc., etc., which often baffle the skill of the most experienced obstetrician, the uneducated and obstinate women generally refuse as long as possible to send for the doctor, claiming that they know how to manage, and thereby bring the unfortunate mother, as well as the innocent infant, to an untimely grave.

In the larger cities where *educated* midwives are practicing the people may safely trust in them, and soon find out who is the most skillful and fittest, and these in no way would be injured by any law; but to protect the country people from the really fearful consequences of badly managed confinements in the hands of stupid, arrogant old women—too indifferent to ever think of the responsibilities of their vocation, and too lazy to learn anything either by study or experience—it would be a great boon to have a law enacted which compels these women to register their names, to prove their qualification by exhibition of a diploma from a school of midwifery, or, lacking this, by an examination, and to put them under penalty in cases of violation.

I have for the last ten years been exclusively engaged in a country practice, and my experience warrants me to most vigorously advocate the enactment of such a law, and it really includes what our regular brethren are seeking by medical legislation, *i. e.*, the protection of the people.

The assertion of the author of the above mentioned article, that doctor's services in cases of simple confinement are too expensive, is only partially true.

In the cities probably the wealthy class only will prefer the services of an obstetrician, while the midwives (with or without legislation) will have to attend all uncomplicated cases among the middle and poorer classes—consequently doctors fees may be fair.

Quite a different condition prevails in the country, where distance is to be considered. Here, old "Nancy," being in attendance and encountering an abnormality, does not realize it at all, or being stupid enough, does not allow to send for a doctor, several miles away, until it is really too late anyway.

For my part, I would rather attend to a case of confinement all the way through, from the first stage up to the final termination, for \$5 (to be taken out in corn), than to be summoned in haste to correct a prolapsed arm or face presentation in the second stage, or stop a post-partum hemorrhage for \$25 (which may not be collected at all).

In the country, there being no need for a professional nurse, the expenses therefor are entirely saved. The doctor in attendance will kindly and patiently instruct any woman from the neighborhood how to nurse and manage the young mother and child for a few days. Country women do not generally keep in bed for nine days or six weeks, unless disease prevents their getting up.

I have always endeavored to impress on my patrons these facts: that it is of vast importance for the doctor to be called in time, that by skillful management he is able to allay unnecessary suffering, hasten the termination and very often prevent threatening complications; but it has also been my lot, by so doing, to frequently get into trouble with the "midwives," and all sorts of bad language have been showered upon me.

Therefore it would be a boon to people as well as doctors, in the country at least, if the old midwife nuisance is taken under the wing of medical legislation to get rid of the unfit and presumptuous; the sooner the better.

New Hamburg, Mo.

DR. THEO. HERMANN.

The Modest View of Specialism.

When the worst has been said against specialism, it still remains as a system of work which, if narrow and comparatively humble in its aim, is practically more successful in attaining it than broader and more philosophical methods. The final test of every institution, as of every individual, in these days is the record of actual achievement which it has to show. Judged by the standard of results, whether in the shape of additions to the store of scientific truths or to the armory of weapons against disease, specialism has nothing to fear. Even its enemies must admit that it is to it that the vast strides which the art of healing has taken in late years are mainly due, and there can be no doubt that medicine can only continue to advance by a process of specialization becoming more and more

minute. In the eyes of *idéologues*, whose breadth of view rather impairs the keenness of their vision of things close at hand, the specialist no doubt may appear a somewhat unheroic figure beside his larger-minded brethren. Practical men, however, consider less the intrinsic nobility of the work than the efficiency with which it is done.—*Dr. Morell Mackenzie.*

Aletris Cordial.

I had a case of menorrhagia of long standing that had tried almost every known remedy at the hands of several good physicians, without receiving more than very temporary relief. Patient aged 40, very delicate, nervous temperament, subject to paroxysms of neuralgia all over, but more particularly of the head, face and lower extremities. Has suffered with menorrhagia for twenty years. I have prescribed for her for the last six years. Ten weeks ago I put her on "Aletris Cordial," three teaspoonfuls per day for the week preceding and the week of the flow, with "Fellows Syrup," all the time with aperient pills, as often as necessary, and I am happy to say that the above treatment has given better satisfaction than any or all others ever did, which is largely due to "Aletris Cordial," the others having been used alone before. J. E. CHILDNESS, M. D.

Noah, Coffee Co., Tenn., Aug. 10th, 1885.

New Local Anæsthetic.

A new local anæsthetic has been discovered in a resinous extract of the root of piper methysticum, soluble in alcohol, and leaving on the tongue a sensation of burning, soon lost in local insensibility. Experiments on animals show that when dropped into the eye it produces similar effects, insensibility continuing for more than an hour. Injected hypodermically, it renders the tissues temporarily irresponsive to thermic, electric or chemical stimulants, yet no symptoms of inflammation follow. Used in moderation, the drug, like coca, produces a feeling of comfort and contentment, without disturbing consciousness or disordering the reasoning faculties. Large doses produce dreamy happiness and intense sleepiness; taken in excess, headache, nausea, nervous trembling and somnolence follow. It is believed the drug will be very useful in many operations in minor surgery.—*Philadelphia Inquirer.*

Tongaline.

"Have used Tongaline in some very obstinate cases of sub-acute and chronic articular rheumatism with most gratifying results. In one case of long standing and intense suffering, a combination of Tongaline, three ounces; and fluid extract of manaca, one-half ounce; teaspoonful every hour, caused great relief after third dose.

"I am much pleased with Tongaline, and should not like to be without it in my practice."

Grand Island, Neb.

E. CHRISTIANSEN, M. D.

Preparations of Glycerine.

The *British Pharmacopæia* contains five preparations of glycerine, all of which are useful and convenient; some of them are used externally, some internally, and some applicable in both ways. "Glycerine of carbolic acid," "glycerine of tannic acid," and "glycerine of gallic acid," each contain one part of their respective acids in four and a half parts of glycerine. "Glycerine of borax" contains a like proportion of borax. "Glycerine of starch" contains one part of starch in eight and a half parts of glycerine. The *United States Pharmacopæia* also contains these preparations (excepting the last one), but their proportions and formulæ are somewhat different. We also have an officinal "glycerine of tar." Our term "glyceritum," or "glycerate," is preferable to the English "glycerine."

Glycerine of carbolic acid, in doses ranging from five to ten minims, suitably diluted, is serviceable in scarlet fever, measles and small-pox; and, by lowering the pulse and inducing perspiration, it has a beneficial effect in fever. Many forms of diarrhoea, vomiting and dyspepsia yield to it; and it oftentimes promotes the expulsion of intestinal worms. It may be used as a gargle, well diluted, in sore throat with foetid breath, and mixed with an equal bulk of water, is painted on the tonsils and fauces in diphtheria. One drachm in an ounce of water form an excellent lotion for eczema, lepra, carbuncles, syphilitic ulcers, etc. Undiluted, it is applied in small-pox to prevent "pitting," and is useful in ringworm, scabies and other parasitic diseases.

Glycerine of gallic acid may be taken internally, in ten to sixty minims, diluted, as a general astringent, in the night sweats of phthi-

sis, in pyrosis and in albuminuria. It is one of the best agents for the arrest of hemorrhage of the kidneys, uterus or bladder, and for all cases where the bleeding vessels have to be reached through the circulation. For external use it is inferior to glycerine of tannic acid.

Glycerine of tannic acid may be taken internally, in doses of ten to forty minims, for the same purpose as glycerine of gallic acid, but it is generally less efficient. Externally, it is more useful than gallic acid, and is a good paint for relaxed uvula, chronic tonsilitis, and many throat affections, and is beneficial in ozæna, chronic otorrhœa, hay fever and coryza. It also makes an admirable injection, well diluted, for gonorrhœa (male and female), urethritis and gleet.

Glycerine of borax, from half a drachm to two drachms, diluted, is refrigerant and diuretic. It has an acid reaction. It causes contraction of the uterus, and, sometimes, abortion. Combined with ergot, it assists the expulsion of the placenta. It is useful as an emmenagogue. Half an ounce of glycerine of borax, in four ounces of water, acts as an aphrodisiac, when used as an enema. Externally, it has many uses in skin diseases, notably in chloasma, or pityriasis versicolor, which it cures by dissolving the epidermis. It is used for chilblains, chapped hands, fissured tongue, aphthæ and cracked nipples, applied as an undiluted paint, and is valuable in pruritis pudendi, and sometimes in diphtheria.*

Glycerine of starch is employed externally for excoriations, etc., and is a useful article in the nursery.—*Med. World.*

Hayden's Viburnum Compound.

W. G. Peirsol, M. D., Hermon, Knox County, Ill., says, I received the sample bottle of Hayden's Viburnum Compound in due time and was waiting its merits. What I have seen of its effects so far I think it is more valuable than what you claim for it. I have used it only in one case of dysmenorrhœa with stenosis of the os-uteri, and had tried everything. The first two days of the menstrual period were the worst, and I had very little faith that anything short of dilation of the os would ever benefit the case, but Hayden's Viburnum Compound gave my patient more relief than all I have ever used before.

*Salicylic acid dissolves readily in water, by the addition of four times its quantity of glycerine of borax.

A Remedy for Endocervicitis.

Dr. J. K. Shirk writes in *The Practitioner*: "There is one condition of the cervix uteri which resists all ordinary methods of treatment. I refer to that obstinate form of endocervicitis in which a discharge quite similar to the white of an egg is poured out in great quantities. In all forms of cervical catarrh this secretion is produced more or less, but in the form I refer to the glands are remarkably active, and produce immense quantities of this discharge. As said before, the ordinary forms of astringent and caustic applications will not cure this condition. I have found but one remedy that will cure these cases, namely, an aqueous solution of chromic acid (3 j. to aqua 3 j.). Four or five applications of this remedy at intervals of a week usually suffice. Another mode of treatment is to curette the glands."—*Mass. Med. Jour.*

Lactopeptine.

Lactopeptine is a remedy which is constantly gaining in favor with the profession. Our own experience with it has been most satisfactory. In the summer complaint of children we have used it with excellent results. Indeed, we have found it very valuable as a preventative of this affection. We frequently order it, with this object in view, and we believe that our expectations have been realized.—*Canada Med. Record, Montreal, Canada.*

Incipient Locomotor Ataxia.

This stout blacksmith, aged 46, presents an exceedingly interesting case for our study. He complains of pains originating in the back and shooting down his legs, which are present about one-third of the time, being absent the other two-thirds; he will have them for a few days, and then they will vanish; they are not influenced by the weather. They are sharp and griping at times, while at others they are as though a dull knife were being drawn over the bone. These pains never ascend to the arms. He can walk well, as you, see, and kick both legs with considerable force. He can walk equally well with his eyes shut, or with the head thrown back and the eyes on the ceiling. He stands perfectly well with the feet in juxtaposition and the eyes closed. His urine has a specific gravity of 1010; it is acid, and there is neither albumen, sugar, nor sediment. He has no dyspep-

sia, though he is somewhat costive. There is no heart lesion; the tongue is coated in streaks; his eye-sight is good; he has very little headache, and very little vertigo. No causeless vomiting. There is a doubtful history of syphilis when he was a very young man. He has a very peculiar state of the pupils; they are contracted, but not at all influenced by light; yet when he brings into play the powers of accommodation, the pupils do contract and dilate. This is called the Argyle-Robinson pupil, after the two men who first observed this peculiar condition. Ophthalmoscopic examination reveals sclerosis of the fine arteries and dilatation of the veins of both retinae. Patella-tendon-reflex is almost abolished on the left side, and entirely absent on the right. Here we have the very earliest possible stage of locomotor ataxia, the diagnosis being made solely from the condition of the vessels of the retina and the state of the pupil, in conjunction with the absence of the tendon-reflex. This Argyle-Robinson pupil is one of the most significant signs of the early stages of locomotor ataxia, and when found in connection with absence of the patella-tendon-reflex and pain in the lower extremities the diagnosis is sure. There is no disturbance in sensation or locomotion in this case yet. When we see a case so early, we ought to make an attempt at radical treatment, and, as we have some idea of a specific history, we will order this man twenty grains of iodide of potassium, thrice daily, commencing with ten-grain doses, to see how his stomach will tolerate it, and increasing to twenty. Following this, we will give him nitrate of silver.—*DA COSTA*, in *Peoria Med. Monthly*.

Sugar-Coated Pills.

The prejudice against this form of coating is being overcome by the superior preparation of Warner & Co.'s pills. Quinine pills a year old show a soft and easily soluble interior on being cut open. Their pills are in every case reliable, so far as our experience with them goes.—*Buffalo Med. and Surg. Journal*.

Diphtheria—Frequent Small Doses of Sulphur.

H. V. Knaggs, M. R. C. S., L. R. C. P., etc., writes: "I desire to direct attention to a remedy which, so far as my experience goes, has hitherto yielded uniform successful results, and which, in addi-

tion, would appear to confirm the researches of Klebs and others as to the cryptogamic origin of this much dreaded complaint. I allude to the treatment of diphtheria by sulphur.

"More than four years ago, my father applied this agent with magical effect in a case which was, at that time, regarded as desperate, the ingravescence of the symptoms hourly increasing under carbolic and other applications; but by the sulphur treatment employed in the manner I here advocate, the patient (a youth of thirteen) made a rapid recovery. Since that time, both my father and I have treated similarly a large number of cases; and though many of them have been of a severe character, some even with laryngeal complication, and accompanied by a lividity of skin, yet in not a single instance has a fatal termination occurred, and in remarkably few of them have sequelæ, even in the mildest and most transient forms, resulted.

"Sulphur in any pulverized form will answer the purpose, but it will be found best to suspend it by means of mucilage, and to sweeten or flavor the mixture to the palate, in order that the patient may be induced to sip it frequently. We generally put about fifteen grains of milk of sulphur to each fluid ounce, and, at the commencement, the sufferer takes from a teaspoonful to a tablespoonful (according to age) every hour, half hour, or even oftener if the case be urgent, afterwards at less frequent intervals.—*Prov. Med. Jour.*

Hydrastis in Leucorrhœa, Nasal Catarrh, Rectal Ulcers and Ulceration of the Throat.

I have used hydrastis from the beginning of my practice to the present day, a period of thirty years. In reference to flavor and elegance, Lloyd's Hydrastis is far superior to any preparation of the drug known to me. Its therapeutical action is equal, if not superior, to the other liquid preparations. I have used it in chronic rectal ulcers, ulceration of the throat, vaginal leucorrhœa, and chronic nasal catarrh. I like the remedy in those cases in which I have applied it, and especially in the rectal, vaginal, and nasal cases, as well as in the throat. It is destined, ere long, to take the place of other liquid preparations of hydrastis. It is superior to other preparations in consequence of its flavor and colorless properties.

DR. M. F. MOORMAN.

A Curious Mistake.

The following anecdote is related as an actual occurrence : A young man fresh from college, whence he came with honors and medals, was sent by his father, a practitioner of fifty years' standing, to attend a woman in labor. On making a digital examination, he found the os uteri undilated. After waiting an hour, there being no improvement, he applied belladonna ointment, and endeavored to make forcible dilatation. At the end of another hour there was still no dilatation ; and being alarmed, he sent to his father for assistance, but before they returned the child was born. On examination, the father found that the child's anus was red and patulous, and was liberally besmeared with belladonna ointment. The young practitioner had met with breech presentation, and had mistaken the child's anus for an undilated os uteri.—*Obstetric Gazette.*

Mellin's Food.

By the showing of scientists, and the experience of parents, physicians, and nurses throughout the country, the claims of Mellin's Food have been thoroughly established. It is in the form of a dry powder, the concentration of nourishing properties, consisting entirely of soluble and assimilable matter, the bran, husks, and bulky indigestible portions having been extracted by careful scientific process.

Chorea.

Dr. W. B. Cheadle, in some remarks on the Treatment of Chorea, after referring to the failure of innumerable specifics and to the scepticism widely engendered therefrom, declared his own belief in the value of medical treatment. Speaking from the careful notes of 160 cases observed during a period of eight years, he stated that the average duration of the disease, under treatment, had been five weeks (at the most, ten weeks and four days), whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic he had at last found an agent which did succeed. Todd, as long as forty years ago, had recognized its power, so had Babbington and Begbie, but dread of the poison had checked

their use of the remedy. Dr. Cheadle proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of arsenical solution with small doses of tincture of perchloride of iron. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by others—a bronzing of the skin analagous to that observed in Addison's disease. The staining was most marked in the flexures, did not affect the face and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discoloration by silver, but resembled the pigmentation due to chronic congestion. In conclusion, whilst advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.—*London Lancet.*

Bromidia.

This standard preparation still stands the test of the profession, and is regarded as one of the essentials in all first-class drug stores. It is certainly a fine combination.

Action of Coffee on Pruritus.

Dr. Brown-Sequard reported studies in relation to the action of coffee on pruritus ani and vulvæ. In two cases observed for many years, he had been able to observe a constant agreement between the ingestion of the one and the disappearance of the other; abstinence from coffee caused the pruritus to cease entirely.

M. M. Duvall presented a note from M. Laulanié upon the regression of the ovarian follicles in the case of mammalia. Their vitellus is devoured in place by the migratory cells.—*Louisville Med. News.*

Hypodermatic Quinine.

Dr. S. S. Burt says, in the *Quarterly Bulletin of the New York Post-Graduate Medical School*: "For those who are obliged to administer quinine subcutaneously, it is desirable that the solution should be as little irritating as possible. Lente's solution consists of bisulphate of quinine, 50 grains, dilute sulphuric acid, 100 mm., and carbolic acid, 5 mm., to an ounce of water. He apparently did not

know that the bisulphide is quite soluble in water without the addition of dilute sulphuric acid. Having made use of the following formula, I can recommend it: R. Quiniæ bisulphatis, gr. ix.; acid boracic, gr. ij.; morphinæ sulphatis, gr. $\frac{1}{4}$; aquæ destil, $\overline{3}$ j. Sig. For hypodermic use. One drachm contains seven and a half grains of quinine."—*Med. Record*.

Vomiting in Pregnancy.

In the *St. Louis Courier* we read of a young woman, primipara, of feeble constitution, who had vomited from the second month of pregnancy. At the end of the fifth month the vomiting became so violent as to threaten death, there being syncope, absolute prostration of power, noises in the ears, chills, cold and profuse sweats, frequent and filiform pulse, etc. In their turn, antispasmodics have been used (ether, valerian, musk), the opiates, carbonated and iced drinks, iodine externally and internally, blisters upon the epigastrium, hypodermic injections of morphia—in fact, every known means of arresting vomiting—all without avail. It was suggested to try irrigations of ether upon the epigastrium. The effect was instantaneous; a single irrigation sufficed to cut short the vomiting. The patient drew a few long breaths, said she was cured and felt perfectly well. The vomiting returned twice subsequently, and at each time the ether irrigations arrested the trouble.—*Cincinnati Med. News*.

Pruritus of Women.

Dr. Cheron, in *Le Progrès Médical* (*Med. News*) writes as follows on the local treatment of pruritus in women; "All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause must be very desirous of being made acquainted with a prompt remedy for so distressing an affection. Whether it arises from the presence of prurigo, urticaria, eczema, herpes, or whether it exists without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these, veratria is by far the most efficacious. When the pruritus is localized at groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning, with an ointment consisting of thirty parts of lard and a quarter of

a part of veratrum, usually gives relief. When the pruritus is generalized, the internal administration of the veratria is preferable. Two centigrammes should be made into ten pills with licorice powder, of which from two to six should be taken daily, either half an hour before or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six (three milligrammes) is attained. — *Weekly Med. Rev.*

Chronic Enlargement of Tonsils.

In answer to Dr. Gaff's inquiry in regard to hypodermic injections in the above named condition: Dr. Beresford, in the October number of the *Medical Advocate*, says: "By the use of a strong solution of tannic acid injected two or three times a week, with the daily use of a gargle of the same, the knife need never be resorted to."

I have used the above treatment in the case of a young man, æt. about twenty years, with good success. I make an application of muriate cocaine before inserting the needle, and used the injection every three days.—*Cal. Med. Journal.*

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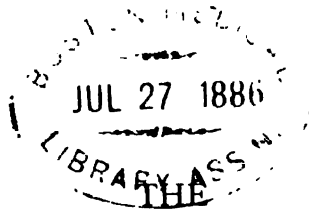
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AMERICAN MEDICAL JOURNAL.

VOL. XIV.

MAY, 1886.

No. 5.

ORIGINAL COMMUNICATIONS.

ART. XV.—"Miraculous Cure by Faith."—BY ROMAINE J. CURTISS, M. D.

Nearly every day, the news organs are pleased to report what they term miraculous cures by faith—generally through prayer. Now, the writer does not intend to throw stones at these little ones, but a case of illness and recovery, in any person, has so many factors relating to mind, chemistry, physiology, disease, poison, and other general and special laws in biology, that a report of a cure by faith, and special intervention of Providence, merits attention from both the theological and scientific stand-points. I beg, therefore, to offer a few facts, from the basis of each of these stand-points, on the case, lately reported by Rev. Dr. Merrill, of the cure of a lady in the town of Waseca, who was so ill that the doctors had given her over to die.

Now, looking at the general statement of the alleged facts, as made by the reverend gentleman, I must be allowed to eliminate a few of them as simply self-evident exaggerations, as they are not supported by any facts or reasons. In the first place, there is no reason given why the lady was given up by the physicians. No disease is given, except "pain." Well, pain is not the least possible index of danger to life—taken by itself. The severest pain may mean nothing more than neuralgia, or a decayed tooth. There may also be pain in an abscess of the *cerebellum*, or spinal meningitis, or hydrophobia; or in a gunshot wound, such as President Garfield suffered.

From these facts, it is safe to say that the lady in question was not sick with any dangerous sickness, nor was her life despaired of by her doctors. These are the sort of exaggerations which good story-tellers always employ to "point a moral and adorn a tale," even if the tale may happen to be a "clinical report."

But the point that we have left is the claim that the lady was cured, by faith, of her pains; which fact, followed out to its logical conclusion, simply means that one effect of faith is anæsthesia—that is, faith can overcome pain. Now, as the most formidable pains do not necessarily indicate a serious disease, and as the disease of the Waseca lady is not given (nothing is given but her alleged pain), the conclusion must be that, instead of a cure being performed by faith, in this case, that nothing was done by faith except to stop a pain in some of the sensory nerves.

Before going further, now, I will admit that the account of the cessation of this pain at the time mentioned, and, with the antecedents mentioned, is just as given—that is, that the lady prayed to God, with faith in Jesus Christ which was sufficient, and the "pain" which harassed her was removed as a consequence.

This brings the subject where we can consider it, scientifically, from the stand-point of theology and science. The assumption is, from the theological stand-point, that a miracle was performed by *Jehovah*, as a reward for a woman's faith in *Jesus Christ*; while the presumption of science is that mental influence, or mental force (nerve force), inhibited, or stopped, a headache that had more or less of a chronic character.

Theological or miraculous cures, as literary curiosities, are as old, or older, than literature; they are as old as tradition. Each of the "Ten Great Religions" appears, from its history, to rest on a foundation of miracle-vending, which is more or less a record of "faith cure." Even Joe Smith performed miracles of this kind, and the Mormon faithful claim that the divine Joe actually raised the dead. In fact, it is a matter of tradition, and history, and contemporary observation, that any god, or any special disciple or representative in the flesh of any god, or even any spiritualist, or any praying girl, can perform faith cures. We have shrines for faith cure, as the holy well at Louardes, which is advertised as the medicine of faith cure which is worked by "the Virgin." There is the holy well

at Mecca, which has performed miracle cures for centuries for the Mahommedans, though the water is more filthy than London sewage.

But I mention these things to show that faith cure is not a distinctive power of any god, or any religion, or any faith; it is simply a faith in almost anything that is supernatural, in the first place; and, in the second place, it appears to make no possible difference in a faith cure whether the object of faith is even supernatural. Faith in a dried potato, or an old chestnut, or a mad-stone, or the bones of an old saint, or a snake's tooth, or alligator's tusk, or the false tongue of a colt, or the dung of serpents, or Joss paper, and a thousand other things, will have just as good effects in working faith cures as the power of Jehovah; and, so far as the clergy are concerned, it is about an even thing, relating to their testimony, whether faith or patent medicines have the lead in working the cure of disease.

These facts are all correlatives of the conception which now prevails among thinking people—which means people who can think—that the Divine Energy, or Almighty God, does not run this universe by special exhibitions of power—not even to cure a woman's headache. In the first place, if we admit or claim the contrary, then we claim or admit that the power of Almighty God can do no greater things than a serpent's dung, or the most degraded deity of the Fiji Islands.

God does not work in any such way. The whole nation, and, in fact, the whole of the nations, united in praying for the cure of Garfield, without effect. Is it God-like to reject the plea of the whole human family and recognize that of a hysterical woman; or is such conduct simply capricious? But in the second place, unless we deny that God works by special miraculous power, we deny that he is God, for such a method implies that God has made a mistake. It is virtually an admittance and confession of error and a mistake on the part of the Deity to work a miracle, whether the miracle is a faith cure or anything else. Of course, God lays his plans, and works by law or by method, and our conception cannot acknowledge that God can make a mistake, either in his plans or work, and consequently a "special interposition" is never required, and, if ever indulged in, destroys the reputation of the Deity for infinite wisdom and power.

Either horn of this dilemma is, therefore, destructive to theology. If we admit faith cures by special interposition of God, then we admit that God is no greater than any other god; while, if we take the other horn we will find that God, by working special miracles, confesses a primary error in his plans and methods. "The universe is governed by law," and is not governed by a wooden god, or by a miracle-vender, who can only exert special power on this life and existence through the medium of very dirty water, or a very hysterical and incoherent prayer. But there are millions of clinical reports of faith cures, the facts in which cannot be denied, that either a cure or an apparent cure has been wrought. The most brazen quackery and imposition, the most ordinary spirits, the most debased fetiches, the most blasphemous prayers, the toe bones of not very virtuous saints, the touch of kings, holy incantations, holy water, images of virgins, saints and angels, are all and each credited with miraculous cures, or as the causes of the cures. Now, verily, from the theologico-medical stand-point in relation to faith cures, if it is an honor to be a fetic, or the bone of a saint, it is certainly very little honor to be a god, and ought to be a disgrace to be a patient.

We must, therefore, deny these alleged causes of these faith cures; and, now, from the stand-point of science, it is necessary to investigate the real reasons or causes which operate in these so-called faith cures. A study of the cases will indicate at once that there is a unity in the causes of all. The cause is "faith," or, in other words, the cause is a belief, or a dominant idea. The cause of cure is not a "power" of any kind directly, except the power of a dominant idea in the person's own mind.

The writer knew a lady once who was away from home on a visit. Through the action of a wretched mischief-maker the lady received a telegram giving her the information that her husband was dead. As may be supposed, the lady was plunged into convulsive grief. She believed the telegram conveyed the truth; which it did not. The dominant idea of bereavement was there in her mind, however, and acted upon her mind and body just the same as it would had the news been true. I cite this instance to show distinctly the fact that the dominant idea, or "faith," or belief, which may exert its influence upon the body, either to cause or cure a disease, does not depend upon the truth of the idea, or belief; it depends simply and only

upon the presence of the dominant idea, or belief, or faith, in the mind—no matter how it gets there—no matter whether it is a manifestation of truth or simply a “monumental lie.”

But the dominant idea, being present, can we account for faith cures by its presence and its action from the stand-point of science? I claim that science fully explains these things, and that all faith cures must and can and should be explained by the physiology of mind and matter; even if we elevated mortals by so doing, we at least do not drag any angels down; nor do we handle tin gods in theology by so doing, as the men do who say that God works miracles by curing toothache by miraculous interpositions to prove a human faith; nor as the priests of Fiji do, who, when a storm sinks their fishing boats, take their gods down from their thrones and roll them in the mud.

I am aware that there is a feature of the faith cure doctrine which asserts that the cure is “mind cure,” in the sense that one mind, as a force, acts upon the sick person’s body as a therapeutical agent directly, and this cures the disease—just as other people claim that spiritual power in general may do the same thing.

Now, so far as these remote antecedents go, one of them has just as much power as the other. The remote antecedent in these cases is anything at all which can create the dominant idea, or belief, or faith in the mind of the sick person. This dominant idea is the agent which does the work directly in all these cases of alleged faith cure, miracle cure, mind cure, or fetich cure—for they are all precisely alike in their causes and effects. Now, what is the mental and bodily effect of a dominant idea in a person’s mind? In the first place, the person interested always believes that the faith, or dominant idea, is the truth. No matter if the faith is a delusion—the person believes it just the same. Now, this is the first mental effect. The person says, or writes, or otherwise communicates, that he believes, or thinks, or has a certain faith, or a certain dominant idea, obtained in a certain manner—generally, of course, if relating to health, obtained from a supernatural source. Other people learn of this faith or belief, and either accept it as a fact, or else they investigate to see if it really is a fact. As I said, very often dominant ideas deceive the person—they are delusions. While it is true that they may work cures of bodily disease, it is also true that

they work apparent cures that are not real, and it is also true that they create sickness, and also create a belief in sickness, which is not real.

The dominant idea being the cause of faith cure or mind cure (and the writer hereby challenges contradiction), it becomes necessary to outline the methods by which a faith, or belief, or idea acts upon the body; and here we are brought face to face with mental and physiological science, as relates to the influence of mental force over other bodily forces; and, in general terms, I may say that mental force, as an idea, or faith, or as an emotion, or as will, always acts in two general directions upon bodily physiology—it restrains or inhibits bodily functions, or it increases them, or even unlocks or generates them, or rather, perhaps, liberates them.

This influence of mind is beyond denial, and the next point is to specialize the general law in relation to some of its bodily functions, in order to show how and why it is that a mental force, by an inhibitory or stimulant effect upon the bodily forces, may influence a disease. Now, we must remember, first, that a disease is a modification of the bodily forces. Disease either inhibits, or perverts, or stimulates the bodily forces or functions. How readily we see, then, just how it is, or may be, that mental forces and disease forces, acting upon the same body, may conflict with each other, and disease may thereby be modified. The only points I need illustrate to complete the logical coherence of this whole subject is a few of the special effects of mind upon the bodily functions, and then, possibly, a few instances, where, by these means, death, or else the cure of disease, has resulted, as, of course, either of these sequences are possible.

The well-known condition of biliousness is often caused by emotional disturbance. In fact, hypochondria, a name which refers to the region of the liver, is derived from old observations of the relation of the liver and the functions of the mind, or of the mind and the functions of the liver.

It is a fact that will correspond with every person's observation, probably, that mental influence—fear, emotion, or shock—will stop or restrain digestion.

Everybody knows how fear will paralyze the muscles, or may double the energy of flight. But the changes which the mind may

exert upon the body are most noticeable in the action of the mind over the heart. Everybody knows that his heart is almost as much an index of his mind, in sensation and emotion, as a thermometer is an index of the weather. Fear, hope, suspense, grief, all sensibly exert their forces upon the heart in the consciousness of all people. The principal functions of the nervous system are sensation and motion. The mental condition of hypnotism or mesmerism causes the loss of sensation. Other mental states do the same thing. Great mental exaltation through dominant ideas, as religion or its emotions, cause loss of general sensation. It is doubtful if the glorious martyrs, who spent several centuries burning each other on account of slightly different views of religious subjects, really suffered as greatly as modern men of "little faith" would suffer under like conditions. The ancient religious enthusiast coveted the faggot and chain to prove his faith, and was cremated alive, singing hosannas without the loss of a note; but the modern infidel won't have a tooth pulled without chloroform or laughing gas.

These instances outline how the mind acts upon the body physiologically. Now, let us note, just as briefly, how disease acts upon the physiology of the body, and then see how they may act together in a manner to antagonize each other and to cure or cause disease.

In the first place, a disease agent may cause liver complaint, biliousness and indigestion. A disease agent may cause too rapid or too slow an action of the heart. As we have noted, all of these symptoms may also be caused by mental influence—the kind of influence mentioned. It follows that each of these symptoms may then be counteracted by mental influence—that is, the mental influence can cure the disease.

To continue, a disease agent may cause pain. The disease may be a cancer, or simply headache or a decayed tooth. Mental influence by faith may cure the pain of any disease, no matter what kind of faith it may be, but though the ache of a decayed tooth may be cured by faith, or by mental influence, yet the writer will stake his reputation that neither mental influence, nor faith, nor belief, nor any special interposition of Providence has ever cured a cancer or extracted a tooth; and the writer will stake his reputation, further, and will challenge the whole world of believers in miraculous cures to produce an instance, where a god, or a spirit, or a fetich, or the

bones of a saint, have ever pulled a tooth. The gentlemen who claim to be vicegerents or ministers of God on earth, and who collect and report the many clinical stories of miraculous cures, to the disparagement of dignified theology, may have succeeded in verifying, to their own satisfaction and many others, that God is a physician, but there is no evidence yet that the Deity has ever taken up dentistry.

But, to conclude, I will cite an instance or two of mind or faith cures, showing that the cure may be a delusion, or may actually cure disease by the mental influence of dominant ideas.

A very old lady, it is reported, became blind from cataract in each eye. She had plenty of faith; but not in surgeons. She daily visited the sanctuary, and, falling prone before the holy altar, prayed for relief. One day, as she rose from the praying posture, her sight was suddenly restored. Light was visible. She saw her friends, and proclaimed a miracle. The clergy and newspapers declared that a miracle was performed; and so it really seemed. But, as science must always answer facts, it turned out after a time that the fact of this lady's "cure" was explained. Her eyes were examined, and it was found that a *dislocation* of the *cataracts* had occurred "spontaneously," as it is sometimes called, but was doubtless caused by her precipitate manner of falling prostrate before the altar. The meaning of dislocation of a cataract is that the opaque body—the cataract—is moved out of its natural position to another part of the eye, and thus allows the light to enter the eye.

Now, of course, this was not a miracle, nor was it even a case of mind cure. It was a recovery of blindness by natural causes, as has often happened, and the only possible connection of the restoration of sight with a miracle was the fact that the falling down and jarring of the eyes and dislocation of the cataracts occurred at an altar. This case only illustrates, therefore, a class of cases which are miraculous because of ignorance.

An acquaintance of the writer, a married lady, had consumption, and died about a year ago from this disease. She lived near a city where there is an institution for faith cure. One of the praying girls was sent to see this lady, who was then in the last stage of the disease. After a day or two of intermittent praying, the invalid declared herself cured. The friends and neighborhood were startled

by a reported miracle in their midst. The lady got out of bed, and resumed the care of her house. The doctor was confounded by the cessation of her night sweats, cough and expectoration. She took food—eating, in fact, ravenously. Matters went on this way, with frequent meetings of church people for “praise,” for two weeks, when the woman suddenly died from strangulation.

The explanation of the whole matter is very simple. The prayers gave her a dominant idea, which controlled her nerves of sensation and motion. She felt no pain, and, as she could feel nothing of the accumulating matter in her lungs, she had no cough, and the lungs gradually filled, until there was no lung-room left; when the lungs could contain no more sputa the poor lady died.

Now, how absurd to say that the apparent cure or new symptoms in the case were miraculous or the special work of the Deity. If men will say so, then other men may rightfully ask why is it, if the Deity can rightfully lessen pain and sensation in sickness, that he cannot also cure the disease? Consumption, being a germ disease, then the question, restated, must read: Why is it, if God can exert by special miraculous energy an “anæsthetic” influence, he cannot as well use an influence that is “antiseptic,” and cure the patients, instead of deluding them, in answer to prayer?

But I need not multiply instances to illustrate further the influence of dominant ideas upon disease, or to show the simple-mindedness of the persons who call such things miraculous. In conclusion, the writer affirms his reverence for truly sacred things. His faith in the Ruler of the Universe and his reverence for Him is second to that of no other man. But, looking at the world as it is, the writer begs to say that even a god in Fiji should be kept on his little throne rather than rolled in the mud.

ABSTRACTS.

Therapeutics of Female Sterility.

From the advance sheets of the still unpublished book of Prof. Kisch (Prague-Marienbad), entitled “Sterility of Women,” we abstract its therapeutical views, and present them to our readers in a condensed form.

The therapeutics of female sterility has as its object the removal of such causes as have brought about this pathological condition. But this testifies at once to the difficulty and uncertainty of the therapeutic interferences.

The first step toward a cure of this defect is a scrupulous and minute anamnesis of the genital and marital relations not only of the wife but also of the husband, provided such be possible. We have to consider the sexual development of the woman, the age of her maturity, and nativity of menses, with all details. We have to search for a scrofulous, syphilitic, or other hereditary taint, to inquire as to her past state of health, diseases of childhood, and the history of her family and relations, especially in view of an absent or scanty procreative ability. The delicate questions concerning the coitus, its relations, nature, and consequences, can unfortunately be not avoided. It is necessary for the physician to know whether it occasioned pain or the normal gratification, whether the introduction of the penis into the destined parts is impeded or not, and whether the sperma rapidly flows out again from the vagina. (A case is reported to Kisch where a lady consulted him for her sterility, which was afterwards traced to a condom used by the husband without her knowledge.) If possible, the sperma of the husband is to be examined microscopically. It is gathered in a condom, and brought for inspection immediately after the coitus. Several drops of vaginal or cervical mucus are likewise taken from the parts immediately after a coitus, the sperma placed in it, and the possible influence of the female secretions on the male noted. Occasionally we observe numerous spermatozooids moving to and fro in the semen; but, when placed in the secretion of the female genitals, they lose at once their mobility. This of course shows that the *materia peccans* in this instance does not rest with the man. Some men object to the examination of their semen as an insult; they regard *potentia cœundi* as identical with *potentia generandi*.

We have to find out whether germ-formation is impeded, or whether inherited or constitutional alterations are present in the ovulum, which render the same unimpregnable. Besides, we have to search for organic affections of the ovaries or their neighborhood, which either prevent the formation or the descendance of the egg. The tubes of the cervix may be at fault on account of a congenital

or acquired narrowness. Perhaps the secretions of the vagina are morbidly affected, so as to render the sperma inert. Numerous other questions of this kind are all deserving of our consideration, and we see that only by the most careful and minute scrutiny is it possible to reveal, of the numerous possible causes, the reason of the sterility in a given case.

Sims's assertion that the cure of sterility can only be accomplished by surgical interference is untenable. The principal factor is a medication which raises the nutrition of the entire organism, improves the blood-formation, and favors the resorption of pathological products in the sexual organs. For in a large majority of cases presented for treatment we have to deal with anæmia, chlorosis, and scrofulosis. Local alterations in the parts of course require their rectification, such as the various forms of flexion and version. Occasionally surgical interference is called for in cases of abnormal conditions of the hymen, or of abnormal communications between vagina and neighboring organs, or, finally, on account of neoplasms.

The prophylaxis of sterility deserves the fullest attention of every practitioner. The first requisite, of course, is a complete sexual maturity in both the husband and wife, which, as everybody knows, is not always the case at the present day, especially in so-called high life.* Another important factor is the avoidance of marrying relatives. The results of this principle, as practised for centuries among the Spanish nobility, are too well known to require any illustration. In certain savage races, on the other hand, the exogamic principle—*i.e.*, to marry only women from another tribe—is strictly observed. Next in importance as prophylactic measures stand proper diet, regimen, and occupation of the girl, especially during the period of menstruation, and in case of a married woman, additional prudence in her confinement. Jumping, dancing, riding on horseback or in sleigh, often lead to inflammations of ovaries, peritoneum, and pelvic connective tissue, especially during menstruation, with the ultimate result of sterility. There are girls who for modesty's sake do not wish to acknowledge their menstrual indisposition when asked to join in a dance or sleigh-ride, and who after a while pay a severe

*This recalls the instance of the successor to a European empire, who, marrying the daughter of a European king, found that for a whole year his wife had not yet menstruated.

penalty for their misplaced bashfulness. That masturbation also enters a certain extent into the causes productive of sterility seems very plausible, though, of course, definite information in this direction is wanting. In some instances the fault lies with a deficient involution of the uterus subsequent to a confinement, while uterine catarrhs and residual exudations are to blame in other cases. Indeed, metritis has been occasionally produced by venereal excesses of husband and wife, so that even in this direction precautions are not out of place.

In conclusion, Kisch advises every mother to fully instruct her daughter previous to an intended marriage of her future duties, and to give her such admonitions as will lessen or remove the chances of a future sterility.—*The Therapeutic Gazette*.

Brain Tumors.—BY PHILIP ZENNER, M. D., CINCINNATI.

Our present knowledge of cerebral localization lends additional interest to the study of all cerebral lesions. This statement is least applicable to neoplasms. They have less value than other kinds of lesions in forwarding our knowledge of localization. This is the more to be regretted, as it seems probable that brain tumors will soon be relegated, in part at least, to the domain of surgery.

Large and even multiple tumors may be almost latent, while small growths may produce marked symptoms. In one instance, a tumor may produce symptoms, and in another not, when in precisely the same part, and the symptoms may be altogether deceptive. The factors which determine the symptoms produced by a tumor are:

Its location; its size; its character, density, vascularity, etc; the rapidity and manner of its growth; the extent of destruction or softening of nervous substance.

These bear a certain relation to the kind of tumor. Cysticerci are of a soft consistence, and never destroy the brain substance. Carcinoma, tubercles and some others usually destroy neighboring nerve tissue. Too many elements, however, come in play to enable us to diagnosticate the kind of tumor from the cerebral symptoms alone. Brain tumors cause pressure by general increased pressure, and by their direct influence on the nervous tissue. They may destroy brain tissue, produce softening of the parts around, or cause symptoms by direct compression. In order to produce the local com-

pression the tumor must be harder than the brain substance. The compressing effects also depend on the locality of the tumor. If it be on the convexity, the brain may accommodate itself to the growth without sustaining any local injury, while at the base, where each part is to a certain extent fixed by the cranial nerves and blood-vessels, direct local compression is easily produced. Each nerve found at the base is represented by a comparatively large area of the cortex at the convexity, so that a considerable lesion in the latter locality is requisite to produce the symptoms made by a small one in the former. Furthermore, it appears that when a part of the cortex has been destroyed another part will sometimes perform its functions. The tissues next to the bone or rigid membrane are, *ceteris paribus*, compressed to a greater extent than the central part of the cerebral lobe, which is everywhere surrounded by soft brain substance. Paralysis of the olfactory nerves is often produced by compression of the nerves between the brain and frontal bone, so that loss of smell occurs with brain tumors quite independent of their locality. The third, sixth, and other cranial nerves have also been affected in the same manner.

The heightened intra-cranial pressure may also paralyze the nerves by causing them to be constricted where they pass through the tightly stretched dura mater, or to be compressed by distended blood-vessels. It may even produce hemiplegia or other focal symptoms quite regardless of the seat of the tumor. Such occurrences occasion great confusion, and hence it is well for us to remember this rule: That local or localizing symptoms are the less valuable for the purpose of making a local diagnosis the more marked are the symptoms of heightened intra-cranial pressure.

The most prominent symptoms of heightened intra-cranial pressure are headache, convulsions, double optic neuritis, vertigo, vomiting, changes in the pulse and in the mental condition. But even these symptoms have a certain local significance. The headache points to the direct or indirect involvement of the dura mater, the convulsions to the motor areas of the brain, the mental symptoms to the cortex, the vertigo to the cerebellum, vomiting and alterations in the medulla. Each of these parts may become affected when there is increase of the general pressure. Headache occurs most frequently when the sensitive dura mater is most easily affected, convulsions when the motor area is most readily irritated.

These symptoms occur most easily when rapid changes occur in the tumor, for instance, rapid growth or transient fluctuations.

Headache is the most common and usually the earliest symptom. The pain is frequently of the greatest intensity, often driving the subject wild. It is then most likely to occur in paroxysms, though it is not uncommon to find even the milder headache cease altogether for a longer or shorter period of time. If the pain be quite circumscribed, and constantly in one place, it is likely to point to the seat of the tumor. Usually the pain is not circumscribed, and, except neuralgia of the fifth, is of no value in locating the tumor. It is a singular fact that the headache often diminishes or disappears when paralytic or other focal symptoms occur. The growth of the tumor is probably very slow in those cases in which no headache occurs.

Convulsions are a less common symptom than headache, but occur in nearly half the cases. They have a greater local significance than the headaches.

Double optic neuritis is also a common general symptom, and of all is the most nearly pathognomonic. It probably occurs in the majority of cases, but is sometimes a transient condition.

Vomiting due to brain tumors is usually distinguished from that due to the stomach by its occurrence equally, whether that viscus be full or empty, and by the slight subjective symptoms accompanying it.

Mental symptoms, apathy, loss of memory, somnolence, etc., usually occur at a late period, though they are rarely absent.

Intercurrent apoplectic attacks are usually due to hæmorrhage in or about the tumor.

The chief localizing symptoms of brain tumors are paralysis of the cranial nerves.

Tumors of the brain must be diagnosticated from abscess and meningitis, but usually other concomitant conditions will lead to a correct diagnosis.

In the medical treatment, apart from opium as a narcotic, iodide of potassium is by far the most valuable drug. It has been said to effect cures in tumors which were not syphilitic. But it seems probable that in the near future operative interference will be often resorted to in these cases, and it is worthy to consider farther this aspect of treatment. As an operation for the removal of a tumor is

chiefly thought of in reference to those on the convexity, I may here consider what symptoms might assist us to a proper diagnosis of these tumors. Among these may be mentioned headache, monoplegia, aphasia and hemipia. These symptoms under very favorable circumstances may lead us to correct local diagnosis of tumors at the convexity. But we must never forget the rule that the value of localizing symptoms is in inverse proportion to the indications of heightened intra-cranial pressure. Wernicke has suggested tapping the ventricles for the purpose of reducing the intra-cranial pressure.

A symptom very common and frequent is blindness from atrophy of the optic nerves, caused by pressure of the accumulations of the third ventricle, which is again usually due to a tumor in the posterior fossa of the skull, most frequently tumor of the cerebellum. Therefore, blindness setting in rapidly and at an early period is a symptom of much localizing value; and not only is it of diagnostic significance, but provided tapping of the distended ventricles should prove serviceable, it would be a valuable guide in treatment. It would indicate to us cases which could at least palliate the symptoms which it would be a great triumph to relieve. Those symptoms are most prominently blindness, often deafness, some headache and other general symptoms of increased intra-cranial pressure.—*Jour. Am. Med. Ass.*

The Signs of Early Pregnancy.

In the practice of the gynæcologist, in particular, it is frequently necessary to be positively assured of the non-existence of pregnancy before instituting such local treatment as the exigencies of the case seem to require. In the absence of such assurance, the sole course open to him is to defer treatment for a variable period of time, until the rational history or repeated vaginal and conjoined examination lead him to think that the case is one where treatment, as far as the interior of the uterus is concerned, is contra-indicated, until the ovum, which he finally concludes is probably contained within this organ, has reached maturity and been expelled. Is there any diagnostic sign by means of which, at the first local examination, the existence of pregnancy may be determined with almost positive certainty as early, even, as the fifth week of utero-gestation? Such a sign is offered to us by Hégear, and Dr. E. H. Grandin

(*Med. Record*, February 27, 1886) during the last eighteen months has had frequent opportunities of putting the value of this sign to the test, and has by means of it been able to assert as early as the fourth to the sixth week that gestation existed.

During the first six to eight weeks of pregnancy the changes in the uterus are practically limited to the body of the organ. The uterine body enlarges, especially in its transverse diameter (antero-posteriorly); the muscular substance becomes less dense. These changes are simply the result of the hyperæmic condition into which the corpus is thrown and kept by the engrafting of the impregnated ovum. As the result of such changes, the uterine body loses its nulliparous pear-shape; its contour no longer gradually diminishes as it approaches the uterine neck; the body, on the contrary, bellies out over the cervix in all the transverse diameters, in particular, antero-posteriorly, and the organ, instead of being pear-shaped, resembles very much an old-fashioned, fat-bellied jug.

The above changes in the consistency and shape of the body of the uterus constitute Hégar's sign, and so far, at least in a dozen cases, it has never, according to Dr. Grandin, failed in early diagnosis. The obtaining of this sign requires, of course, a certain expertness in the bimanual palpation, and familiarity with the sensation communicated to the finger by the nulliparous uterus, and the uterus altered pathologically in one or another way. Dr. Grandin has found, however, in his clinical teaching but little difficulty in making even inexpert fingers conscious of the change. In the vast majority of cases, owing to the normally slight anterior curvature of the uterus, the internal examining finger will note this sign to the best advantage in the anterior cul-de-sac. Here the finger, instead of following the line of the cervix in a gentle curve up on to the body, is at once conscious of the body swelling out to a greater or lesser degree, according to the date of impregnation, over the cervix, and at the same time, bimanually, the body is faintly boggy, resilient, compressible. If such be the condition of affairs detected by the local examination, in the absence of rational history, in the absence of slight softening at the tip of the cervix (which may, if present, mean erosion), and of mammary signs and blue discoloration of the vagina (both of which, if present, may mean ovarian disease), Dr. Grandin now unhesitatingly pronounces the patient pregnant. The

question arises, Are there other conditions which may stimulate the above sign? There are two which might,—distended bladder, and uterus distended by menstrual blood. Neither of these conditions ought, however, to give rise to error, for a necessary prelude to a careful bimanual is evacuation of the bladder by means of the catheter; and retained menstrual blood in the uterus, if not accomplished physically by imperforate hymen or vagina, would necessarily be suggested by the history (no ground for falsifying here) before sufficient had collected to give rise to even faint fluctuation. Hyperplasia of the corpus uteri cannot stimulate this sign, because in this condition the conjoined touch reveals density; sub-involution cannot, because here the uterus is increased in its longitudinal as well as in its transverse diameter, and conjoined touch, while revealing heaviness and softness, does not reveal resiliency and compressibility. The markedly anteflexed corpus uteri, hyperæmic from obstructed circulation, is most likely to stimulate Hégár's sign, but in case of such distortion the feeling of resiliency and compressibility is also lacking. In marked retroversion this sign is likely to fail on account of the difficulty of palpating with ease the uterine body.—*Therapeutic Gazette.*

Fistula in Ano. — BY J. A. HUTCHINSON, M. D., NEW HAVEN, CONN.

This may be defined as a sinuous ulcer in the vicinity of the anal orifice, though not of necessity communicating with either the anus or rectum. Out of many causes which give origin to it, I might mention the following as being the more common: Derangement of the liver, constipation, sedentary habits, injuries, hemorrhoids, the scrofulous or tuberculous diathesis, and phlegmon or abscess, the latter being, without doubt, by far the most prolific factor. Before proceeding farther, it may be profitable to briefly consider "Rectal Abscess" and its treatment, as we may by prompt action at an early period prevent the later and more serious phase of this disease, which is anal fistula. The symptoms of an acute abscess in this region are not different from those of an abscess elsewhere, being swelling, heat, redness, pain, and sometimes severe constitutional disturbance. After a time the tumor softens at its apex, and this softening continues until the tissues are so disorganized as to spon-

taneously rupture. This, by the laity, is considered as the last of the trouble; but the adoption of this error is fraught with grave consequences, as the cavity, emptied of the products of inflammation, instead of granulating, and thus becoming obliterated, may degenerate into a tube which manifests no disposition to heal, but rather an inclination to burrow into the loose structures of the anal region. A rectal abscess usually forms hurriedly, but "it may," says Allingham, "be months in formation, and be perfectly painless even on manipulation, the only evidence of the abscess being a flat crepitating enlargement. * * * * This form of abscess is the most dangerous, as it is apt to be neglected, has little tendency to open spontaneously, and results in a burrowing up by the side of the rectum to some distance, as well as under the skin toward the perineum or buttock, or both."

I have read that the proper time to reform a man was to begin with his grandmother. Precisely the same law obtains in this case, the proper time to treat fistula being while it is yet an abscess. Motives of delicacy restrain people from exposing this portion of their person to the surgeon, so that they putter and poultice till it is too late to employ what may be truly called "Preventive Treatment." Permit me to epitomize this "preventive treatment," as presented by two gentlemen high in the profession. "Anæstheze the patient" (Allingham, *Diseases of the Rectum*), then lay open the abscess from end to end; introduce the finger into the cavity, carrying it well up beside the rectum, for the purpose of breaking up any secondary cavities, so that but one sac remains; and should there be burrowing outward, incise deeply the buttock at right-angles to the first cut. The cavity is then to be syringed out, and loosely packed with carbolyzed wool. This dressing is permitted to remain a day or two, when it is removed, the cavity examined, and redressed as before, with the addition of one or more drainage tubes. "The subsequent dressings do not vary, and in a short time the patient recovers." As to the final results of this treatment, the writer says: "I can almost guarantee that no fistula shall result."

Our own countryman, Prof. A. J. Howe, directs that the abscess "Be freely opened, and the purulent cavity swabbed with the tincture of iodine or a strong solution of carbolic acid. The free incisions facilitate drainage, and the topical applications tend to destroy

the pyogenic membrane and establish granulation and healthy reparative action. This course is * * * preventive of fistula and, as such, is often more valuable than the cure of the mature disease." In the light of this experience, it is to be regretted that sufferers from phlegmon do not at once bring their complaint to the notice of their medical advisers.

The statement that there is a "pimple" near the anus which at times discharges, and a long, hard lump that is occasionally sore, together with great mental depression and a history of previous inflammatory action, are quite characteristic of a fistula; and, where this order of things exists, an inspection will generally disclose the orifice of the fistula, or a bluish discoloration of the skin will mark the opening. Palpation will detect the sinus, which feels like a cord under the finger. This sinus is to be explored with a probe carefully inserted, supplemented by a finger in the rectum. In some instances the probe passes directly into the bowel, or its advance may be arrested by intervening tissue. Sometimes more than one sinus exists, and to discover the internal openings it is a good plan to inject water through the external orifice, which as it impinges upon the finger in the rectum will reveal the location of the internal apertures. This examination may be made with the patient stooping over the back of a chair; or on an operating table, with the buttock brought close to the edge, the thighs and legs being well flexed. While there are several varieties of this disease, nearly all that have been brought to my notice are of the kind known as the "external blind," the diagnosis of which is very easy.

Four methods of treatment are in vogue, viz.: by medication, injection, ligature and the knife, each of which has its advantages and its advocates. Homœopathic writers depend upon the internal administration of certain drugs, from which I collate the following: Aurum, aloes, lime-phosphate, lycopodium, sulphur causticum and nux-vomica. As accessory means, the following are recommended: Frequent washings; a daily enema of cool or tepid water, to empty the bowels; nourishing diet; fresh air in abundance; and good hygienic conditions; as being calculated to increase the reparative powers of the system. And, in carrying out this plan, we are acting strictly in conformity with our motto: "*vires vitalis sustinere*." In case our patient was very delicate or timid, and should decline an

operation through fear of pain, we would be justified in adopting this plan, at least, until fears or prejudices were overcome.

Treatment by injection is, doubtless, as old as any of the other methods, but I cannot think it will ever displace either the ligature or knife. I fancy that it may be desired by those who are afraid of being hurt. To illustrate—a gentleman called to see me, in September last, about an anal fistula from which he was suffering. He had, he said, been treated by a physician in New York, who made a specialty of treating fistulæ with the syringe. The fluid used was prepared by the doctor, and when forced into the sinus caused a slight smarting, which soon passed off. The sum of the matter was this: "It did not hurt." I desired to operate with the ligature, but he would not permit it, concluding to continue in the hands of the New York doctor. When attending lectures, the writer heard Prof. Davis state that a friend of his injected into a sinus fuming nitric acid. The effect on the patient, said the doctor, was most startling, but the cure was complete.

Treatment by incision is, if I may judge from medical journal reports, at present the popular mode of operating. I will not attempt to describe the operation, but refer, for explanations and illustrations, to the various works on surgery. "It consists," says Prof. Howe, "in laying open the fistulous track from one end to the other, the superimposed structures being completely divided. While this plan is preferred by many good operators, I do not look upon it with favor, from the fact that I have both seen and heard of cases where union never occurred after entire division of the sphincter ani. The destruction of the grip of the sphincter amounts to a most serious maiming, as the person can retain neither the gases of the intestines nor the fecal accumulations, and, under such circumstances, to recommend the compress and a T bandage, as a substitute for that power of which we have robbed our patient, is simply an insult to ordinary intelligence." One writer states that "on one side the sphincter may be cut quite through, provided the incision be made quite at right angles to the muscular fibres; but, if the muscles are divided at all obliquely, good union is never obtained, and in slight cases even incontinence may result." We are therefore cautioned that "the incision be made quite at right angles;" but the rectum is not straight, and how may we be sure that we have

incised exactly at right angles? Indeed, so great are the uncertainties, that I am content to adopt other means in my treatment of this disorder, and discard the cutting operation, simply because it is possible that bad results may follow the use of the knife, and the last days of the patient be made worse than the first. It is somewhat singular that of four books on my table, each treating of fistula, not one gives a reason for the occurrence of non-union. My own idea is that we might as reasonably look for union in this location, as in the case of incised wounds elsewhere, if we could completely immobilize the parts. That this is impossible is self-evident, when we consider the laxity of the tissues involved, together with the peristaltic action of the bowel, and the numerous motions of the body and limbs, all of which contribute to the potency of the wound. In view of the possibilities of an unfortunate result, my opinion is that the use of the knife should be restricted to such cases as have the internal opening very close to the anal outlet, and to sustain this position I will present an argument more potent farther on.

My own predilections are decidedly in favor of the ligature, and it is the method adopted in such cases as have been under my care. The operation is as simple as well can be, the ligature being passed through the eye of a curved instrument, by which it is carried, through the sinus, into the bowel and out of the anal orifice, where it is securely tied. The late Dr. D. E. Smith, of Brooklyn, devised for this purpose the best instruments I have ever seen; they were made of steel wire, inserted into ivory handles of proper proportions, and perhaps ten inches in length. At the upper terminus of one was cut a female thread, and into this a male screw was fitted. Above the screw was an oblong eyelet, the upper border of which was a cutting edge. The upper end of the second was formed into a small blunt hook. The method of using them is as follows: The instrument carrying the ligature is, by one hand—the most convenient one—directed into the sinus, then the hook, guarded by the forefinger of the other hand, is introduced into the rectum. If the fistula is complete, the point of the instrument readily passes into the bowel; if incomplete, but slight force is required to carry it through the obstruction when it comes in contact with the finger in the rectum. The hook is now introduced into the eyelet and held

firmly, while the first instrument is, by a few turns backward, unscrewed, leaving its upper portion with the ligature in the rectum, from which it is now drawn, the ends tied, and the operation completed. Having used these instruments, I heartily recommend them. Prof. Howe says (*Art and Science of Surgery*, page 823): "I have drawn the temper of an ordinary darning-needle, then bent it to the desired curve for the case in hand. I have operated in this manner, thereby saving the cost of instruments." This I term the acme of simplicity. Without further describing operative measures, let us sum up the advantages of the ligature over the knife, and rehearse the reasons why it should be preferred. To sustain my position, I will again briefly quote from a few gentlemen eminent in the profession, as their statements will outweigh by far my own experience. Dr. Smith, before referred to, who was successful and had an extensive business practice in this line, always used the ligature, and in no case did he fail to effect a cure. Ruddsch (homœopathist) says; "If an operation is necessary, the ligature is preferred." Allingham says the advantages are: "That in simple cases there is little or no pain inflicted by the operation; the patient can walk about without danger. * * * There is no bleeding—a manifest advantage in dealing with patients whose tissues bleed profusely on incision. * * * In phthisical cases it is, in my opinion, the best means of dividing a sinus." In the next breath, he presents this objection: "If there are lateral sinuses, or a sinus burrowing beneath or higher up in the rectum than the main trunk through which you pass your ligature, * * * the knife alone or conjoined with the ligature is the only trustworthy remedy." I have previously quoted this gentleman as saying that incontinence might follow the use of the knife, even in slight cases. Upon this I will not comment. Says Prof. Howe: "When the fistula runs deep, and its connection with the bowel is above the sphincter, the ligature should generally be used; for its slow passage through the flesh while cutting its way out is not attended with hemorrhage, and the healing process prevents the sphincter from losing its functions. * * * When the sphincter ani has been divided, and the loose tissues in the vicinity much incised, the healing process leaves the sphincter-grip quite weak and the anal folds quite distorted." * * * "The patient," he continues, "in this event, must be content with the assur-

ance that the annoyance will grow less as time passes." For me, if I were so distorted, this "assurance" would contain less than a crumb of comfort. While in my treatment of this complaint I favor the ligature, to the exclusion of the knife, and present facts and quotations to sustain my position, I do so in a strictly non-partisan spirit, and submit the paper to the readers of the *Journal*, knowing that their criticisms or commendations will be just.—*Mass. Med. Jour.*

Diabetes Mellitus Successfully Treated with Boric Acid.

F. A. Monckton reports in the *Australian Medical Gazette* a case of diabetes mellitus cured by the use of this drug. He says, while pointing out that the value of boric acid as a diabetic remedy has only been proved in this one case, let me earnestly beg that those who have an opportunity of watching its effect will try it. When placed on the boric acid the patient's urine had a specific gravity of 1.025. Seven grains of the acid were given three times a day, and at the end of ten weeks the specific gravity was 1.016; no sugar. He continues the drug, however, as it produces no unpleasant effects. No stringent dietary regulations were observed in this case.—*Med. World.*

Reduced Railroad Fare to the National.

We are pleased to inform the Eclectic medical profession that the local committee have secured reduced Railroad fare from all points East of the Mississippi to Atlanta, for all who will attend the National. This arrangement extends from Maine to Florida and New Orleans, taking in the city of Saint Louis, but not the State of Missouri. All those who intend attending the National Association at Atlanta, June 16th, will make application to the Secretary of the National (Prof. Alexander Wilder, M. D., 565 Orange street, Newark, N. J.) who will issue blank forms. The delegates to whom these forms are issued will sign their names in the presence of the ticket agent from whom they purchase their going tickets, and obtain them on the certificate of the ticket agent that they have paid full fare, with the description of the route of the ticket. This is highly necessary on the part of delegates and others who attend the National, as the agent's certificate will indicate that full fare has been paid for the going passage,

and that delegates and others attending the National are entitled to special fare on their return.

Negotiations are now in progress to obtain the same favors from all the Railroads West of the Mississippi River, which we believe will be successful; but should these fail, then the Eclectics who reside in States beyond the Mississippi River can go to New Orleans, La., or Memphis, Tenn., from whence they can purchase through tickets to Atlanta and receive from the Secretary of the National an order for an excursion rate ticket to the point East of the Mississippi where they started from.

The Eclectic physicians of the North, South, East, and West will have a splendid opportunity of making the coming meeting of the National the grandest Medical congress of Liberal Physicians the World has ever witnessed. Out of this meeting of the National is bound to grow the most opulent results to Liberal Medicine.

Delegates from Iowa and Wisconsin can go to Chicago, and from which point purchase through tickets and get the benefit of return rates. Limited through tickets cost less than unlimited.

We intend issuing a circular to all Eclectic Physicians West and East of the Mississippi, embracing all particulars of importance regarding routes, rates, etc., and if our negotiations with the roads West of the Mississippi are successful will state them in all the particulars. We request all who desire further information to address a card to Prof. W. M. Durham, M. D., Chairman of the Committee, Atlanta, Ga., who will be glad to send them information. Southern Eclectics are requested to apply to Prof. Durham for blank forms on which to purchase their tickets to the National.

Atlanta as a Summer Resort.—Many gentlemen residing in the North and West have written letters inquiring what kind of weather we have in Atlanta during the Summer. In reply we say that the temperature in Atlanta in June, July and August is lower than any city of the North—not above Boston, Chicago, New York, or Cincinnati. Last year the National Teacher's Institute held a six week's session during July and August in Atlanta, and enjoyed the congress to the fullest extent. All the Northern and Western delegates, as far as we heard of, were agreeably surprised to experience such pleasant weather, while, at the same time, the thermometer stood several degrees higher in Northern cities. If you will consult the

United States weather tables for June, July and August of almost any year since the register has been kept, you will find that the Summer temperature of Atlanta is far more pleasant than that of many Northern and Western cities. We say that it is impossible for any epidemic to get a foothold in Atlanta. We are nearly eleven hundred feet above tide-water !

Varicose Veins Treated with Hamamelis.—By B. F. NICHOLLS, M.D

In April, 1883, I read in the Philadelphia *Medical Times*, No. 402, an article by Dr. J. H. Musser on "The Treatment of Varicose Veins with Hamamelis." A few days after I read this article, Mrs. W., a married woman, aged 35, called at my office on account of swelling and varicose veins of the left leg. On examination, I found the left leg considerably swollen, with here and there large dark spots, which on pressure were quite soft and somewhat tender. These spots were as large as eggs, and situated on the inner aspect of the calf. The right leg was all right. Mrs. W. was three and a half months pregnant with her fourth child. She had always experienced trouble with the veins of her left leg while pregnant, beginning about the third month of pregnancy, and continuing till delivery. In her former pregnancies her leg had been treated by bandaging, which afforded some relief, but her distress was so great that at times she was compelled to seek relief by laying down. I concluded to try the hamamelis and ordered to take one teaspoonful ext. hamamelis four times a day in a wine-glassful of water. She began to improve at once, and continued to take the drug till delivered. Her leg gave her no trouble, the swelling and varicose veins disappearing altogether. Mrs. W. is again pregnant, and the varicose veins appeared again at the usual time. She is now taking hamamelis with success.

The second case is a young colored man, aged 30; has had varicose veins for two years. He got some relief from bandaging, but relief was only temporary. Last November he came to my office with a ruptured vein, considerable oozing of blood. Put on a compress, and ordered hamamelis, teaspoonful every three hours. Saw him next day, took off compress, no bleeding. Continued hamamelis. Did not see him again for two months, when he reported at my office well. Have seen him several times since, and he has no return of his varicose veins.

The third case was a woman, age 50 years; was a washerwoman; had had varicose veins for a long time; did not remember when they first came; was treated by adhesive strips and bandage, but always returned after the bandages were left off for a short time. I gave her hamamelis, two teaspoonfuls three times a day in water. She got entirely well in two months, and has remained so ever since.

The fourth case, a woman, age 47 years, sent for me May 10th, 1883. I found her sitting in a chair, bent forward till her face was between her knees, her hands clasped firmly together, her legs stuck out in front, covered with wet cloths. I do not think I ever saw in my life such a picture of utter hopelessness as this patient. When I approached her, she looked up, and in the most piteous voice, exclaimed, "For God's sake, can you do anything for me?" On examining her legs, I found the cause of all her troubles: both legs were a mass of ulcers from the knees to the ankles. From ulcers was oozing a clear fluid, which soon turned the cloths black. Situated a little behind the knee were several bunches of varicose veins. I thought I had found the original trouble. On inquiry, she said at first, some five years ago, her leg was full of large veins, and considerably swelled, and the ulcers came afterwards. I put her on extract of hamamelis, a teaspoonful every three hours, and told her to keep cloths wet with hamamelis applied to the leg. She recovered in two months, and all she has left to remind her of her former trouble is considerable discoloration on the anterior aspect of her legs. She walks all about the city, experiencing no troubles whatever.

The extract of hamamelis used in all my cases was procured at Bullock & Crenshaw's.

In conclusion, I would say that I consider hamamelis almost a specific in varicose veins from almost any cause. I did not find it disagree in any way with my patients. It is not at all unpleasant to the taste.—*Medical Times*.

Faradic Electricity in Rigidity of Os Uteri During Labor.—By
MARY PUTNAM JACOB, M. D.

A primipara was brought during a premature labor, occurring at seven months of pregnancy, to the N. Y. Infirmary in a state of considerable exhaustion resulting from the prolonged labor-pains. The external os was tetanically rigid. I did not see the patient until after

she had been for some time in the hospital, and the physicians in charge, Drs. Blackwell and Cushier, had used all the most usual and approved means of relaxing the rigidity of the os, but without the slightest effect. Even chloroform had failed, and the increasing exhaustion of the patient rendered this method hazardous to be persisted in. It seemed to me that the tetanized condition of the os, which would barely admit the tip of a finger, and resisted manual dilatation to an extraordinary degree, was precisely due to the exhaustion of the nerve force destined to the uterine fibre. The tetanus would then be analogous to the intestinal cramps of lead colic; to those induced in both the rectum and the genital canal by compression of the aorta (in rabbits), or, on an even more general scale, to the universal muscular contractions of rigor mortis. If this were true, —and surely the clinical history of cases of rigid os uteri tends to support the hypothesis—local stimulation of the exhausted nerve fibres was indicated as the remedy. A small electrode was applied to the os, and connected with a faradic battery; the other electrode being held in the patient's hand. It was considered desirable to avoid passing the current through the body of the uterus, lest new contractions should be excited and struggle in vain against an impassable resistance. The application was continued for fifteen minutes. Immediately afterward, and for the first time, Dr. Cushier succeeded in inserting a finger into the cervical canal, and after some further effort, in gradually effecting manual dilatation and delivering the patient by the forceps.

Stimulus to the nerve fibres thus seemed to have succeeded in inhibiting the spasm into which the muscular fibre had been thrown, as is habitual when left to its own irritability.—*Am. Jour. of Obst.*

Permanganate of Potassa—Amenorrhœa.

Dr. Lee O. Rodgers, of San Francisco, reports the following case in corroboration of the article of Dr. Billington in the *Medical Record* of March 6th: "Miss F——, aged nineteen, was sent to me for advice, and gave the following history: She leads an active life when at home, spending much time in the open air. In July, 1884, she came to a town adjacent to this city on a visit to friends. She began shortly after to grow 'stout,' her abdomen particularly becoming prominent. Her menses disappeared entirely after the period in July,

previous to which she had always been perfectly regular. In March, 1885, she was sent to me by her hostess, who thought her pregnant, for the purpose of being kept in the city and confined. The girl seemed to be remarkably healthy and was very 'fat' and she proved, upon physical examination, to be a virgin. I immediately put her upon potassium permanganate, a two-grain compressed tablet, four times a day, each tablet to be followed immediately by a large gobletful of water. Much nausea and some vomiting occurred during the administration of the medicine, but I attributed this to the fact that I gave the tablets on an empty stomach, as I accepted Bartholow's theory of the action of the drug. On the fourth day of the administration of the permanganate the menses appeared and lasted four days, after which the patient was sent to her home. She was instructed to inform me if her menses failed to appear on time after her return home, but I have not heard from her."

Electricity as a Galactagogue.

It is suggested by a correspondent in the *Am. Jour. of Obs.* that a collective investigation would develop the actual value of electricity in deficient action of the mammary glands, the report so far being contradictory. The idea is a good one, as we have had the happiest results from electricity in this direction, although one or two friends were not successful in securing equally good effects because of their want of appropriate and efficient apparatus. Static electricity has been used by the reviewer in thirty-seven cases altogether. Of these, twenty-nine patients obtained a full action permanently, six were much improved, and two others were not benefited. The last two were phthisical and anæmic. Three of the six improved had post-partum hemorrhage, and they were considerably reduced in vigor thereby. We learned that after leaving us they gradually, under the systematic employment of faradism, became restored and nursed their infants the usual time. The other three were obliged to use the bottle in addition to nursing their children.

To be efficient, static electricity must be thoroughly applied by a good machine. A little school apparatus will not do. The application should be made at least once daily—it were better several times each day. After the gland starts into action, massage and faradism will develop it rapidly in the majority of instances. Firm uterine con-

densation secured by faradism arrests notably the normal action of the breasts, and prevents leakage of blood from the womb if involution is not satisfactory. Correspondents have inquired if the heart was affected by the sparks, and we may here state that such was never the case, nor was there any difference observable in the quality or character of the milk, which, so far as we know, was always normal. The infants in our own cases uniformly thrived satisfactorily. —*Phil. Med. Times.*

Improved Nutrients.

Often the most puzzling problem presented to the physician in the treatment of grave diseases accompanied by great enfeeblement of the digestive functions is the selection of a suitable nutrient. Such a food must necessarily contain, in the most easily assimilable form, the most highly nutrient principles, and must be either devoid of taste or sufficiently palatable to please the most sensitive palate. To this end manufacturers have long been experimenting, and not a few now profess to prepare a food adapted to every condition of feeble digestion, whether due to lack of development of the digestive organs, as in the young infant, or to loss of tone and function through disease. Indeed, the difficulty now seems to be for the physician to select from an embarrassment of riches. It is needless to remind the intelligent physician that, to do this acceptably, he must study the individual case, determine the portion of the digestive apparatus at fault, and endeavor artificially to assist the functions of the enfeebled organ. With this knowledge of the case before him, the patient's like or dislike for a food will afford a further guide to selection, for it not infrequently happens that, of several pre-digested foods offered, one alone may be acceptable to the patient and admit of being administered continuously for any considerable period.

Since beef-tea, which for a long time was the chief nourishment afforded the sick, has been looked upon with less favor, a rational study of the question of condensed nutriments has resulted in the preparation of a variety of excellent foods, among which we may specially mention powder of beef and peptonized extract of beef, prepared by Messrs. Parke, Davis & Co.

A great advance in the dietetics of the sick-room was also made when pharmacists placed before the medical profession the means of

conveniently peptonizing and pre-digesting various foods at will. Thus, with the peptonizing and digestive tablets furnished by the pharmacists mentioned above, such food as milk, gruel, oysters, wine jelly, etc., may be peptonized by the physician or nurse prior to administration. Without disputing the rôle played by drugs in modifying the course of disease, most thoughtful observers will grant that their place in the cure of disease scarcely ranks higher than that of carefully selected nutrients, and that, other things being equal, that physician treats his patient most successfully and acceptably who selects for him a palatable and nutritious diet suited to the stages of his malady.—*N. Y. Med. Jour.*, March 6, 1886.

Chronic Enlargement of Tonsils.

In answer to Doctor Gaff's Inquiry in regard to hypodermic injections in the above named condition: Dr. Beresford, in the October number of the *Medical Advocate* says: "By the use of a strong solution of tannic acid injected two or three times a week, with the daily use of a gargle of the same, the knife need never be resorted to."

I have used the above treatment in the case of a young man, æt. about twenty years, with good success. I made an application of muriate cocaine before inserting the needle, and used the injection every three days.—*Cal. Med. Jour.*

The Treatment of Chorea.

Dr. Joffroy recommends the systematic administration of chloral in combination with the use of the wet pack. To children over ten years of age he gives one drachm of chloral per diem, divided into three doses, after meals; 15 grains are given after breakfast, 15 after dinner, and 30 after supper. In children aged six or seven years, from 30 to 40 grains a day are usually sufficient, but each dose must be large enough to produce sleep in about fifteen minutes after its administration. He has never seen any unpleasant effects caused by the drug other than a roseolous eruption. In very severe cases the writer has the children wrapped in wet cloths at a temperature of 50° to 53° F., for two or three minutes, morning and evening. They are rubbed while in the pack, and are then covered up warmly and kept lying down for half an hour.—*Deutsche Medicinal-Zeitung*.

Operation for Varicocele.

Professor Mayo Robson (Leeds) champions the treatment of varicocele by complete excision of the bundle of enlarged veins, with due antiseptic precautions. He has found, in his experience, that hydrocele, orchitis, or other trouble from the disturbed circulation, seldom or never follows the operation. The spermatic cord should be held between the fingers, over the varicocele, and the vas deferens allowed to slip away, leaving the enlarged veins in the grasp. A vertical incision is now made down to the veins, the fascia is separated from them, and a double catgut ligature applied and tied about an inch apart, and the varicocele completely excised. No bleeding occurs, as a rule. A catgut drain may be left in, but is not indispensable. The wound is dressed with carbolyzed gauze, and a pad of salicylic wool or silk.—*Med. World.*

The Treatment of Sick Headache.

Dr. W. Gill Wylie (*New York Medical Journal*), of New York, has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill or capsule containing one grain of inspissated ox-gall, and one drop of oil of gaultheria every hour, until relief is felt, or until six have been taken. Dr. Wylie states that sick headache, as such, is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.

Causes of Seminal Emissions.

Seminal emissions may be caused by the irritation of ulcerated patches in the urethral, vesical or renal mucus membrane; by renal or *prostate calculi*; by rectal worms; by elongated prepuce; by accumulated secretions between the prepuce and glands; and, in fact, by anything that sets up irritation in the urethra, prostate, bladder or kidneys.—*Med. World.*

For Impotence.

Dr. Bartholow highly recommends the following pill, in impotence: R. Ext. cannabis ind., gr. x.; ext. ergot aq., ℥ij.; ext. nucis vom., gr. x. M. Ft. pil. xx. Sig. One, night and morning.—*Col. and Clin. Record.*

A Remedy for Endocervicitis.

Dr. J. C. Kirk, in a communication to the *Practitioner*, states that there is one condition of the cervix uteri which resists all ordinary methods of treatment. I refer to that obstinate form of endocervicitis in which a discharge quite similar to the white of an egg is poured out in great quantities. In all forms of cervical catarrh this secretion is produced more or less, but in the form I refer to the glands are remarkably active, and produce immense quantities of this discharge. As said before, the ordinary forms of astringent and caustic applications will not cure this condition. I have found but one remedy that will cure these cases, namely, an aqueous solution of chromic acid (3j. to aqua 3j.). Four or five applications of this remedy, at intervals of a week, usually suffice.

Subinvolution.

Dr. F. Ellingwood, (Chicago,) considers fluid extract of ergot and bromide of potassium as specifics in subinvolution. Regarding the benefit to be obtained from electricity, we quote as follows: "Electricity is a most powerful adjuvant, and if used in the form of a mild galvanic current, will rapidly produce an amelioration of the symptoms, and, if used immediately subsequent to confinement, will absolutely prevent the conditions, and the long train of evils which will surely follow, and will restore the womb rapidly to its normal state. The galvanic current, judiciously applied, will accomplish this restoration in three weeks."—*Weekly Med. Review*.

Local Anæsthesia

Dr. Govan stated, at the N. Y. State Medical Association, that he had used aniline oil for the purpose of producing local anæsthesia when laying open felons and performing other minor operations. There was absolutely no pain, even in cutting down to the bone, when the finger had been dropped for a short time in the oil.

Asphaltum Varnish.

Dr. Borck, of St. Louis, says that asphaltum varnish is the best disinfectant he knows of; it will destroy all germs at once, and no household insects will approach an article of furniture whose interior has been painted with it.

EDITORIAL.

The American Medical College.

The announcements for the approaching college year of this institution will be ready in a week or two, when they will be sent out to all our subscribers. The following is a quotation from a page proof, and, as it refers to a change in the programme, we send it out in advance: "On Monday, Sept. 6th, 1886, the American Medical College will begin its fourteenth scholastic year, to run from September till June following. Keeping the college open for nine months in the year—from September till June—affords students superior advantages. Some can come early in the fall, some in the middle of winter, while others find it more convenient to come in the spring. And then there are those who desire to spend nearly all their time at college, from the day they commence the study, till they are qualified to graduate. This long college year enables students to progress more rapidly, and finish their medical education sooner than they could otherwise do."

Other new features are embraced in the forthcoming announcement, which are of special interest to students. To insure a prompt reception, all interested should send for a copy of this announcement at once, and then, as soon as ready, it will be sent to the applicant. Address

DR. GEO. C. PITZER,

1110 Chambers St., St. Louis.

The National at Atlanta.

We are expecting a fine gathering at Atlanta in June. Our Southern brethren are enthusiastic, and they have the blood in 'em to acquit themselves with credit. We have implicit confidence in the committees of arrangements and reception, and feel that nothing will be left undone by them. Let everybody, North and South, East and West, turn out to give Atlanta an unlooked for warming up.

The Arkansas Eclectic Medical Society.

We have received two notices of the meeting of this society. We publish them just as we received them. We think all will understand the proper time and place of meeting, but these notices should be more in harmony, and a little more explicit.

To Subscribers of the American Medical Journal.

We have made a most favorable arrangement with Messrs. J. U. & C. G. Lloyd, which we hope each of our readers will secure at once. As is well known, these gentlemen have for the past two years been issuing a magnificent work (Drugs and Medicines of North America) devoted only to the medicinal plants of North America. The two years complete one volume, which is now bound in the most attractive style. The work contains special articles by the leading representatives of every school of medicine, pharmacy and chemistry. The work is issued by the publishers at \$1.00 per year, and the price of the bound volume is \$3.50. It cannot be purchased of book-sellers, and can only be obtained by subscription.

In order to introduce the publication to our subscribers, we have made special arrangements with the publishers, and we offer: Bound Vol. I, price, \$3.50; subscription to the work for 1886 (present year), price, \$1.00; and one year's subscription to the AMERICAN MEDICAL JOURNAL, price, \$2.00. Total, \$6.50. All for \$4.25.

Be sure and read our full announcement of this liberal offer, which is found with this issue of the JOURNAL in an insert, among the advertisements.

*MISCELLANEOUS PARAGRAPHS***Arkansas Eclectic Medical Association.**

The Sixth Annual Session of the Arkansas Eclectic Medical Association will meet in the parlors of the Glidewell Hotel, the third Wednesday in May. All Eclectics and every liberal-minded physician in the State it is expected will be there.

J. W. PRUITT, M. D., President.

By J. M. PARK, M. D., Cor. Sec'y.

The Eclectic Medical Association of Arkansas.

The Eclectic Medical Association of Arkansas will meet at the Capitol Hotel, in Little Rock, Ark., on the third Wednesday in May, at 3 o'clock P. M. All Eclectic and liberal physicians are earnestly requested to attend and prepare a paper on some medical topic of his own selection.

E. H. STEVENSON, Sec'y.

Reduced Rates to the National.

ATLANTA, GA., April 23, 1886.

PROF. GEO. C. PITZER, M.D., St. Louis, Mo.

Dear Doctor:—Enclosed I send you copy of letter from Mr. Townsend, G. P. & T. Agent Mo. Pacific R. R. Will you please publish it in May No. of AMERICAN MEDICAL JOURNAL. Also please say that the Kansas City, Fort Scott & Gulf Railroad—Kansas City, Springfield & Memphis R. R.—Kansas City, Clinton & Springfield R. R.—all give the same rates. Yours truly,

W. M. DURHAM.

[COPY.]

THE MISSOURI PACIFIC RAILWAY CO.,
Office General Passenger Agent,
St. Louis, Mo., April 22, 1886.

W. M. DURHAM, Atlanta, Ga.

Dear Sir:—Replying to your favor of the 13th inst., I have advised Mr. Slaughter that the Mo. Pacific and St. Louis, Iron Mountain and Southern Railways will accept one-third rates returning from delegates who pay full fare coming, and take receipts and have same countersigned at Atlanta. This does not apply to Texas points, arrangements for which will be made by Mr. B. W. McCullough, General Passenger Agent Texas & P. R'y, Dallas, Texas. Yours truly,

H. C. TOWNSEND, G. P. & T. A.

Obstetrics.—By W. S. BAIN.

On the night of Feb. 7th, 1886, I was called to see Mrs. —, primipara, æt. 23; previous health good. On investigation, I learned that she had obtained the services of a woman in the neighborhood, who represented herself as a *midwife*, and she remained with the patient twenty-four hours after the liquor amnii had passed off. As the pains were quite hard, and the child did not advance, the husband and friends began to get uneasy, although the knowing

midwife assured and reassured the friends that all was right, and that the water's passing off so long before the child was born was a sign that the woman was going to have an easy time (she must have meant in the other world), and that the labor would soon be over. As her predictions failed to be verified, I was sent for, which caused the midwife to skip out with her raspberry tea, remarking, as she did so, that there was no use sending for a doctor; that she could do as well in such cases as any doctor. (What a pity that the midwife could not be forced to take the place of her patient, and suffer the agonies of the ———, as her patient did!) On examination found the os dilated to about the size of a silver half dollar, and rigid, the head wedged down in the pelvic bones. On making careful digital examination, I found a contracted pelvis, with a well-developed fetal head. Now, what was to be done? The first thing I did was to try and ascertain if the child was dead; as I could hear no heart sounds, and from the length of time the woman had been in labor, I decided that the child was dead. I gave the patient chloral hydrate, potas. bromide, aa grs. xx, which gave her about an hour's sleep, which she greatly needed. After her nap, I again examined her, and found the same state of affairs still existing. I then proposed to deliver with the forceps, if I could possibly get them adjusted, but owing to the malformation of the bony outlet, and the rigid condition of the os, I could not apply the forceps. I then separated the head. When the forceps entered, a quantity of dark clots of blood passed out with the brains. Seeing the dark blood and crassamentums was proof to my mind that the child had been dead for some time. After evacuating the contents of the head, I introduced a blunt hook, and got a firm hold inside the cranium, and completed the delivery in a short time. The child was a male, and weighed nine pounds. The patient had no puerperal troubles of any sort and made a rapid recovery.

Diphtheria and Croup.

One of the most patent demonstrations of the adage that "doctors will differ," seems to me to be exhibited in the fact that a goodly number of physicians consider croup and diphtheria to be identical. I do not wish to be dogmatic, and I know that I have no pride of opinion on this matter which I would not mercilessly sacrifice in the

interest of truth ; but I cannot understand the coupling together as one, two diseases that, in history, in behavior, in sympathy, and in dynamics, are so thoroughly dissevered.

The character of the membrane—its physical character, apparent and microscopic—seems to be entirely different in the two diseases. The membrane of croup, the product of acute laryngitis, is plastic, firm, and semi-organizable.* The membrane of diphtheria, a deposit or exudation, is amorphous, aplastic, and occurs in many cases without any sign or suspicion of inflammation. With it, and preceding it in many instances, there has been no evidence that the patient has taken cold or sore throat—no “calor, rubor, dolor, tumor.” Can any person say this of croup ?

Again, as to the history of croup : Was it ever endemic ? Did there ever exist in the wildest imagination the idea that it was ever under any circumstances contagious ? Was it ever known to occur without the exiting influence of cold, or of some mechanical irritant, as a burn or wound ?

Can any of this be said of diphtheria ? Or, unless the result of some local irritant or accident, does croup occur as a rule except during cold seasons ? And does diphtheria appear oftener in one season than another ? In summer’s heat and in winter’s cold, is it not the same—yesterday, to-day, and forever ?

Again, in its dynamic force, is not croup, sthenic, inflammatory, and oftener seen in the plethoric and red-blooded patient ? And does diphtheria make any distinction as to class of the subjects whom it assails, and does it not manifest at once its asthenic, depressing, and enfeebling influence ?

Does croup ever leave in its wake the traces of blood-poison, infecting the centres of life, and yielding paralysis, aphonia, amaurosis, amentia ? The only kinship that I could ever trace between them consists in their mutual æsthetic tastes—each showing preference

* NOTE.—A few years ago I was fortunate enough to get hold of, and extract, the lining membrane of the larynx of a patient—a robust man, a farmer, about 30 years of age, who was apparently in articulo mortis, suffering with laryngitis. This membrane came off as a glove-finger; the striæ of the cartilaginous rings were shown on it and minute blood vessels, as if an abortive attempt to establish circulation had been made. This specimen was sent to the University of this State, and may be possibly found in its Museum.

for the young, the tender and the beautiful. And yet, after all, though both are diseases of the young, diphtheria is much oftener seen amongst adults than croup.

I concede that croup sometimes ensues on diphtheria—a complication as fatal as it is fearful. But does diphtheria ever ensue on croup? And if not, why not—supposing the diseases to be identical? The cases of croup which I have seen, consequent upon or occurring simultaneously with diphtheria, have been cases of simple extension by contiguity of inflammation from the mucous membrane of the digestive tract to the mucous membrane of the air passages, from the pharynx to the larynx—an inflammation not specific nor the result of diphtheria, but an inflammation called out by local irritating treatment—caustics, mops and gouges.

And this introduces the subject of TREATMENT.

And first: Is tracheotomy ever justifiable, or does it ever offer any prospect of cure, in any case of croup ensuing on diphtheria? In cases of ordinary pseudo-membranous laryngitis, true croup, this is a resource of great promise and of great utility; but in specific diphtheritic croup, should it ever be resorted to? Of course there are bad cases of croup which may be incident upon very mild cases of diphtheria, cases of croup in which the danger of death from asphyxia is very imminent, and the danger of death from asthenia very remote; and in these cases an operation may be justifiable. But such cases, in my opinion, are very exceptional. In a very great majority of cases of croup that I have seen, complicated with or incident to diphtheria, the blood has already been so thoroughly poisoned, and the symptoms of asthenia have been so grave and so patent, that the idea of so serious an operation as cutting into the wind-pipe could not be entertained. The shock and the new wound would supplement the evil already done, and the patient would almost necessarily succumb. And this has been the case and result in every instance in which I have ever known the operation to be performed, whatever the age of the subject.

Other treatment is both local and constitutional.

Of the first or local treatment, the least that is done the better for the patient. A detergent gargle with a patient who can use a gargle, or a detergent solution by spray with a patient that does not feel any inconvenience from it, will serve to cleanse the throat and

to make the patient more comfortable. Perhaps hot water is as good a gargle as anything else; or a teaspoonful of chlorate of potash, or of hypo-sulphite of soda, or of boracic acid, or of chloral hydrate, to the pint of hot water, used as a gargle every three hours, or oftener if desired. For the spray, perhaps the formula below* is as good as anything else. But any irritating application, as iodine, or nitrate of silver, or carbolic acid, or anything else of sufficient strength to set up any inflammatory action, is productive of evil, and evil only. I have fought the mop and the probang from my first acquaintance with the disease; and though I stood alone for many years, I am glad now to know that I have many co-adjutors in my crusade against their cruel misuse. Under irresistible temptations, I have occasionally pulled off with my fingers, or with the forceps, considerable portions of semi-detached membrane flopping about the fauces or hanging from the velum, and have never yet done so without cause of regret.† I have invariably in doing so torn some small parts of the mucous membrane about the fauces, and in doing so have made a new plant-bed for the bacillus diphtheriæ, which he has never hesitated to take advantage of. Now, I almost invariably, except as before noted, leave the local treatment to nature.

* *B.* Sodæ biborat., acid. boracic, glycerini, aa ℥j.; acid. carbolic, ol. gaultheria, aa gtt. xvj.; aq. rosæ, ℥xvj. M. Sig. For the Spray.

† *NOTE.*—Some few years ago, I was summoned in consultation to see a little German boy, about two years old, who was apparently suffocating from a partially detached and most extensive exudation, covering the whole fauces. I passed my finger at once into his throat, and brought out a large mass of amorphous lining that left the fauces comparatively clean, and restored the boy to respiration and apparently to life. The father, a bluff old Teuton, caught me around the body and lifted me up in his delight, calling me his saviour, etc. I urged him to desist, telling him that the danger had not passed, and that we "must not hallo until we got out of the woods." In another twenty-four hours the throat was as fully covered again with membrane as if it had never had a shred removed, and on the third day the child died, slightly croupy, but mostly from asthenia. Unfortunately, some one in the meantime had furnished my German client with a scrap, in which I had denounced the active interference with the membrane in the throat in the case of diphtheria, and he met me in rage. Not "my saviour" this time, but "you kill my child; you say so yourself. What you take *dot* stuff from his throat for?" etc., etc. And so the engineer was hoisted by his own petard.

For the excessive sensitiveness of the faucial membrane sometimes following the cleaning off of the diphtheritic deposit, and rendering it almost impossible to induce a patient to take food on account of the pain caused by deglutition, I have found that a four per cent. solution of cocaine applied every three or four hours would give marvellous relief.

Sometimes I have thought that it were almost as well to leave the general treatment to the same wise and beneficent physician. But, generally, I am sure that, by the judicious use of certain remedies, nature may be aided in casting out the morbid material that is poisoning the blood, and may be strengthened and fortified in her work. Many remedies have been recommended for the good and for the bad forms of diphtheria. In truth, the mildest cases need no treatment, and unless we are very lucky we will be likely to conclude that many of the bad cases could have done no worse without treatment.

I do not propose to enumerate the long array of remedies which have been put forward as cures for diphtheria. I shall only speak of those which have done most good in my own experience; and whilst no disease can be directly cared for by any routine regimen, I think we can as nearly describe by rote for diphtheria as for any other malady which I have known.

In cases requiring any general treatment, I order at once the following solution, which contains as many elements calculated to meet general indications as any other combination that I can devise: R. Potass. chlorat., tinct. ferri chloridi, aa ʒij.; liq. arsenici chlorid., gtt. xij.; hydrarg. bichloridi, gr. $\frac{1}{4}$; syr. aurantii cort, ʒj.; aquæ fontanæ, q. s. ad ʒvj. M. S.: Give one tablespoonful every two (2) hours to an adult, following in one hour and a half by tablespoonful of whiskey in milk or water. (Proportion the dose of both according to the age of the patient, if a child.)

For food, give milk, beef-tea, egg-nog, cocoa—given soon after the medicine, or after the whiskey, and in such quantity as not to cloy or sicken. I think that the mistake is often made of crowding the stomach too full or filling it too rapidly. If there be chill and fever at the beginning of the disease—as is often the case in this climate—I give a mercurial laxative when first called in, to be followed by full drachm doses of hypo-sulphite of soda as often as

may be necessary to keep the bowels open, and from five to twenty grains of quinine, according to the age of the patient, every morning as long as there are afternoon exacerbations. For the swelling, beginning generally in the glands of the throat, and sometimes extending into the sub-integumentary tissues of the whole neck, until it is swollen out on a plane with the face, I have found nothing equal to a fifteen per cent. solution of oleate of mercury, rubbed in every four hours until a pretty good crop of vesicles appears. When this appears, I have often seen the swelling subside as if by magic. When the oleate fails to relieve that symptom, I regard the case as grave in the extreme, and make my prognosis accordingly.

One most disagreeable and distressing complication of the disease—the extension of the diphtheritic inflammation into the nares—is treated by detergent washes, the nostrils being syringed out repeatedly in the twenty-four hours. I have seen the greatest distress caused by this treatment, especially in children; and if any physician will practice the same process on himself, using the same detergent on his own Schneiderian membrane—even in its healthy state—he will not be likely to desire a repetition of the operation. If anything be used, I earnestly recommend that it be only a warm and weak solution of table salt; but I am sure that nature had better be left to cleanse these passages herself. Besides, no man can say that he will not inject the Eustachian tube, in the frequent performance with the syringe, and thus carry the disease into the middle ear. I have no doubt but that this often occurs.—JOHN HERBERT CLAIBORNE, in *Virginia Med. Monthly*.

The Cure of Incurables.

“Every week a letter of inquiry comes for an answer. Generally the letter ends as follows: ‘Now, if you can tell me how to cure this case, it will be the making of me.’ It is a case of paralysis, cancer of the rectum, or some other hopeless disease. Let the point be rationally considered for a moment—who would cure a consumptive, with one lung half gone, if he could? What enjoyment would there be for the patient or relatives in a mere continuance of existence? There can be no endurable condition of health with one lung functionless. A rectum disorganized with scirrhus, if the disease could be stayed, would be a wretched sewer or evacuating organ. A spinal cord the same as severed cannot be made to operate the legs again. Lightning would strike such a patient in vain.

Only a worker of miracles could effect a cure—*restoration*. The nerves are practically dead, and cannot be galvanized into their accustomed energies.

"I believe in studying difficult cases in practice, but it is a waste of time and sense to fight the inevitable. If a paralytic has money enough to pay for 'induced' currents, why, let the battery spin, especially if the owner of the machine has little else to do, as is often the circumstance. A doctor who allows his mind to dwell upon the mysteries of medico-electricity is likely to have it 'turned' and 'set' in that direction; he is an incurable curer. If a medical man be determined that his one hundred dollar battery shall execute wonderful cures, he is prone to neglect other kinds of treatment. It is the easiest thing in the world to become a 'crank.' The wonder is that there are so few in the medical profession. However, the electro-galvanic crank is comparatively harmless."—A. J. HOWE, in *E. M. Journal*.

NOTE.—All very true; and, because the different forms of electricity will not cure everything, many physicians discard it entirely. We should remember that there are two extremes, and we should avoid both. Like other therapeutic measures, electricity is *the* remedy in its place, but we must not undertake to adapt all cases to it, or try to cure every known ill with batteries. In all our writings and teachings, we have persistently warned our students against the danger of substituting electrical treatment for other and more appropriate measures. We should always keep in mind the fact that, like macrotys, electricity is one remedy only, and while we may employ it in the cure of quite a number of pathological conditions, *it will not cure everything*. But we can frequently do with electricity, in cases of paralysis, as well as other ailments, what cannot be done nearly so well with drugs; and in surgical practice we can often accomplish, in a short time, what could not be as well done in weeks with ordinary cutting methods. Take stricture of the urethra, for example. Anybody who has had any experience with electrolysis in the treatment of this trouble knows that the old methods of dilating and cutting are tedious, bungling, painful and dangerous compared with electrolysis. While electricians are prone to go "luny" over good results, the best surgeons we have can rarely see any good in anything but a knife. They stretch or rip open a urethra, split a fistula, cut off a pile tumor, and declare these are the best and safest methods in the world. A little moderation in modern surgery should be encouraged, and surgeons should learn that the knife is not the only method of cure.—[EDITOR.]

Malingering.

When a person, with a fraudulent purpose, pretends to be sick, or to be suffering, in order to draw pay or to extort support, the simulation is denominated *malingering*. So artfully are tricks executed that it often requires an expert detective to discover attempted frauds.

Bodily infirmities are oftenest simulated by soldiers and sailors. However, in times of war there is much ingenuity displayed to escape doing military duty.

The employes of railroads not infrequently throw themselves from moving trains, and then assume to be hurt, in order to draw pay for doing no work. Malingers of this kind are getting so common that the managers of railways employ medical men to look after bold and arrogant pretenders.

Within a few years, a woman fell while alighting from a street-car at night; and she afterwards sued the company, with a claim of \$10,000 damages for the hurt alleged to have been sustained. The jury gave her \$5,000, when really she was not entitled to a cent. Lately one of our railroads had a verdict of several thousand dollars to its disadvantage, and in favor of a single woman of twenty, who claimed to be injured at a depot where she was about to board a train. It is highly probable that the plaintiff assumed a large portion of the disability displayed at the trial. The injured woman claimed partial paresis of the *right* side of the body, and the loss of vision of the *right* eye. The defendants might have made a good point by alleging, with some authority for the allegation, that the visual defect ought to have manifested itself in the *left* eye, the fibers of the optic nerves decussating at the chiasm. The statement passed unchallenged by the R. R. physicians.

A man was thrown from his wagon at a railroad crossing, and claimed to have been struck in the middle of the back. The alleged complaint was that the nerve going to the diaphragm had been injured. The physician who attended the injured man was evidently assisting to obtain a verdict that would be comforting to divide, but upon a rigid cross-examination he broke down. He evidently thought the diaphragm was moved through the agency of nerves coming from the spinal cord in the vicinity of the thoracico-abdominal septum. The attorney for the defense had an able prompter by

his side, and through such aid he made the blundering practitioner feel that it was not good to be there.

When a physical defect is feigned, and the cheat is persistently played, a sound part of the body, for instance, an arm or a leg, being held under restraint, as if paralyzed, a degree of atrophy and paresis may at length be observed. Lack of use is followed by impairment of nutrition and function. A man examined by me for alleged injury of the shoulder feigned so well that I should have been deceived had I not administered chloroform, under the pretense that I was about to reduce a dislocation. While the malinger was half anæsthetized he swung his pet arm about, and exhibited great strength in it. The pretender had been hit by the runaway horse of a wealthy citizen, and support was claimed as a recompense.

Beggars malingering to extort charity; and sometimes they act their parts with a skill that would be a credit to an actor. The old woman with the "palsy," who solicits alms in front of the church, feigns *paralysis agitans* to a degree of perfection that would mislead a detective. After she gets home at night, with a profitable day's venture, she indulges in a "sup of whiskey," and then her jerky nerves become steady. Stimulants will not arrest the shakes of true palsy.

Last year my attention was directed to a lad who had "spells," after receiving a blow (slap of the hand) on the side of the head. The father of the boy claims damage from the man—a dealer in groceries—who dealt the blow. I have seen the lad in one of his spasms, and do not see all the signs of epilepsy. A physician who had charge of the case for six months testified in court that the patient had "falling sickness" (epilepsy), and that the disease was caused by the shock and concussion of the blow. He also testified that the *membrana tympani* is perforated—has been ruptured on the injured side; and adds that epilepsy is often a sequence of lesion of the drum of the ear. The jury failed to agree as to the verdict, and the cause is to be tried again.

The mother of the boy alleges that he had incontinence of urine ever since the blow was received—that he wets the bed every night and his pants during the day, and that "he was dry as any boy before he was hurt." If this be a case of malingering or simulation, the several parts are well played.

In these days of pension-claiming there are presumed to be many cases of malingering. There are hundreds who through fraud have been drawing pensions for years; and ten times as many meritorious sufferers from the casualties of army life have been unable to obtain their just rewards. It is presumed that the pension bureau is conducted with great wisdom and discretion; yet, favoritism and bribery are potent influences to operate upon pension agents.

There is always malingering in societies which pay weekly stipends to sick members. While the average workingman will not claim benefits for a few days of ordinary illness, the fraudulent sneak will gain access to several beneficiary guilds, pay his dues for a while, and then play sick, sprain an ankle, or carry an arm in a sling. However, the professional skulker is shown up sooner or later, and is made to writhe under the expressed contempt of a disgusted and wronged brotherhood.

The reason why health insurance companies have not been successful is that there is a premium on malingering. When a fraud has his affairs so well arranged that he can draw from fifteen to twenty dollars a week by playing sick, he is not apt to be healthy.

I have known quite respectable men to malingere, that they may escape sitting in a jury panel. This is seemingly not so culpable as pretending to be sick in order to draw pay. The business man malinger, that he may look after profitable affairs pertaining to his property and vocation.

The husbandman, in the winter time, usually has little to do, hence he finds it profitable to pocket jury fees. In the summer season when crops need attention, the farmer is inclined to malingere when his name is drawn in a jury panel.

While driving, I have known a tramp to get in my way, that he might have an excuse for suing me for inflicting upon him a personal injury. In two instances I used the whip to make the wretches get out of the road.—A. J. HOWE, in *E. M. Journal*.

Muriate of Cocaine in the Treatment of Nymphomania. — BY THEOPHILUS PARVIN, M. D., LL. D.

Gentlemen: I shall detain this patient only a moment, in order to learn the result of the treatment which was ordered when you saw her here last week. The case was one of general pruritus, in-

volving the entire surface of the body, a most annoying itching, and no eruption explaining its occurrence. She tells us that she is almost completely relieved. The treatment consisted in the use of a milk diet, and five to ten drops of Fowler's solution, to be taken three times a day. In addition to this, you will find, in cases of general itching without eruption, the use of warm bran or gelatine very soothing. Itching of this character is sometimes met with in pregnant women; Stoltz has given a graphic description of such cases. But neither in those, nor in this, can any explanation of the cause of the itching be given. The patient may now be removed. The treatment directed was purely empirical, but it was successful.

Most of you will remember that the trouble for which this woman first came to the clinic was nymphomania. This has been treated by the use of sedative applications to the two chief centers of sexual erethism or pleasure in the female. These centres are the clitoris and vagina. In sexual congress these are subjected to such increased congestion that each becomes swelled, and erection occurs in one: masturbation in the female is done by artificial irritation of the clitoris or of the vagina, or both. A third centre has been suggested, that is the female nipple, and; according to Cabanis, some women assert that when the infant is sucking they experience a pleasure, with some similar sensation in the genital organs.

When, in company with Dr. Morris, I first examined the patient three weeks ago, in consequence of a complaint she made of a pain in the womb, there was at once erection of the clitoris and contraction of the vaginal sphincter; not merely of the lower sphincter, but also of the upper sphincter, constituting vaginismus superior. This latter form of contraction, when excessive, may not prevent coition, but may not permit the withdrawal of the penis; in some cases this violent contraction of the upper part of the anal levator is under the control of the will. Both varieties of vaginismus existed, to some degree, in this case.

The treatment consisted in the direct application of muriate of cocaine to these centres. The vaginal spasm and the other symptoms have been greatly relieved. I believe that this is the first time that muriate of cocaine has been used for this purpose, and the result has been such as to justify its application in other cases.

It seems to me an entirely rational way of treating this disorder in certain cases. Lower the exalted sensibility of the two chief centres of sexual pleasure; not only lower that sensibility, but blunt it. The patient has expressed herself very grateful for the benefit she has had from the cocaine treatment.—*C. and C. Record.*

To Get Rid of Cockroaches.

A correspondent writes as follows: "I beg to forward you an easy, clean and certain method of eradicating those loathsome insects from dwelling-houses. A few years ago my house was infested with cockroaches (or 'clocks,' as they are called here), and I was recommended to try cucumber peeling as a remedy. I accordingly, a little before bedtime, strewed the floor of those parts of the house most infested with the vermin with the green peel, cut not very thin, from the cucumber, and sat up half an hour later than usual to watch the effect. Before the expiration of that time the floor where the peel lay was completely covered with cockroaches, so much so that the vegetable could not be seen, so voraciously were they engaged in sucking the poisonous moisture from it. I adopted the same plan the following night, but my visitors were not nearly so numerous—I should think not more than a fourth of the previous night. On the third night I did not discover one; but anxious to ascertain whether the house was quite clear of them, I examined the peel after I laid it down about half an hour, and perceived that it was covered with myriads of minute cockroaches, about the size of a flea. I therefore allowed the peel to remain till morning, and from that moment I have not seen a cockroach in the house. It is a very old building, and I can assure you that the above remedy only requires to be persevered in for three or four nights to completely eradicate the pest. Of course it should be fresh cucumber peel every night.—*Ex.*

Rhus Poison.

Dr. Wm. Brawner, of Lexington, Ga., wants the best treatment for rhus toxicodendron. *R.* Corrosive sublimate, ℥ij.; Amm. mur. ℥iv.; potass. nit., ℥j.; aquæ font., ℥xvj. *M.* Sig. Dissolve, and wash the parts in this solution twice a day. It cures the itch with equal certainty.—Goss, in *Med. Brief.*

Cold Bandaging of the Leg in Insomnia.

Dr. Von Gellhorn has found the following plan very useful in inducing sleep in persons who suffer from insomnia. A piece of calico, about eighteen inches wide and two and three-quarter yards long, is rolled up like a bandage, and a third of it wrung out of cold water. The leg is then bandaged with this, the wet portions being carefully covered by several layers of the dry part, as well as by a layer of gutta-percha tissue, and a stocking drawn on over the whole. This causes dilatation of the vessels of the leg, thus diminishing the blood in the head and producing sleep. It has been found by Winternitz that the temperature in the external auditory meatus begins to fall a quarter of an hour after the application of the bandage; the decrease amounting to 0.4° C., and the normal not being again reached for about one and a half to two hours afterwards. The author has employed this means of procuring sleep for a couple of years, and finds it especially useful in cases where there is congestion of the cerebral vessels. Sometimes he has found it necessary to re-apply the bandage every three or four hours, as it dried.—*Brit. Med. Journal.*

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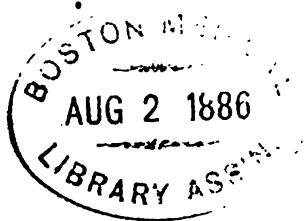
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THE
AMERICAN MEDICAL JOURNAL.

VOL. XIV.

JUNE, 1886.

No. 6.

ORIGINAL COMMUNICATIONS.

ART. XVI.—Galvano-Cautery in Diseases of the Prostate, Bladder and Urethra.

Dr. Robert Newman, of New York, read an interesting paper on the above subject at the recent meeting of the American Medical Association, in St. Louis. He exhibited and demonstrated his new instrument, the "Galvano-Cautery Sound," for the radical cure of an enlarged prostate gland. As most old men suffer from this disease, and a large percentage die from its consequences, he considers the subject of great importance, particularly as no satisfactory method of cure of said ailment has been established by the profession. His instrument consists of a smooth metal catheter, with a fenestrum at the end of the curve, in which is placed a platinum wire. In the interior of the instrument is the mechanism for heating, which is done by a galvano-cautery battery. This instrument is introduced in the urethra, so that the fenestrum is held against the enlarged prostate, which is then cauterized in an instant by the galvano-cautery. The instrument is light, and in size equal to a No. 18 French scale. The instrument and the battery must be regulated to a fixed potential for the work to be done, and so adjusted that failure is impossible. These applications are repeated in short intervals, until a cure is effected by shrinkage of the tissues. The galvano-cautery must be applied lightly, the duration of the heat

lasting only an instant; at most, not longer than a few seconds. Some ignorant persons, or enemies of electricity, pretend that it destroys tissues or causes a cicatrix, when in reality no expert operator will bungle so much as to cause destruction of tissue, either by this method or by electrolysis.

The workings of the instrument were illustrated by interesting experiments. The advantages of this method are—the operation causes no pain or hemorrhage, and patients are not detained from their business on account of the operation itself. The same instrument has been used for the treatment of hypertrophied tonsils, and children of tender age held perfectly still without flinching while the cautery was applied, and acknowledged that they felt no pain.

Dr. N. has used his instruments with success in other diseases, such as spermatorrhœa, impotence and diseases of the bladder and urethra. In hæmaturia of years, from villous tumor, the patient ceased to pass blood after one cautery application. Chronic ulcers of the bladder, urethral granulations, denuded surfaces and acute ulcers have been healed by this instrument with galvano-cautery, when all other means have failed.

ART. XVII.—Scarlet Fever.—By R. T. O'FLYNG, M. D., GOSHEN, RINGOLD CO., IOWA.

Scarlet Fever is a disease of the mouth, the upper part of the throat, around the œsophagus, primarily, and next of the skin. Here is the proof of this fact. Aggravation of all symptoms until the eruption commences, then evidences of slight amelioration, again aggravation until the eruption is complete, then decline of all symptoms until the fifteenth day, when the patient appears nearly normal in health, except lacking in strength, desquamation not complete, and excretory functions not quite established. This is the history of a normal case, with no peculiarities manifest, from first to last. That the digestive apparatus is not involved, can be proven from an examination of feces evacuated. True, if the case is even well treated, there will be no evacuation until the fifth day, but there will be evidence by markings of the result of each day's digestion, and carrying off the excretory matter. The second evacuation at the tenth day will be like the first in character, with slight indications of more moisture, as a result of the lessened temperature of the body. The

third, after the same interval, will give evidence that the food taken during the last period has been well used up to repair the waste going on in the system. If, then, Scarlet Fever affect only the fauces and skin, it must have two periods of life in the system, one from the date of infection until the time for the eruption to appear, the other from the establishment of the eruption until desquamation. The commonly received theory, that it acts as a ferment in the blood, is without foundation in fact. That it is a vegetable growth has nowhere been spoken of; and I suppose never thought of. Not a fungus growth as diphtheria, for that gives off carbonic acid gas as do all fungi; but still a vegetable organism, perfect in its life and affinities, as the grass that decks the hillside or the flowers that make earth a garden of beauty, but hideous because, to attain its growth and perfection, it saps the fountain of so many human lives. The seeds of this vegetable monster are probably contained in some sort of receptacle that easily adheres to whatever it touches. They must be heavier than the atmosphere, for if not they would be breathed into the lungs; but the inflammation of the throat shows that the poison, or poisonous plant, is first lodged in the mouth and about the fauces. Once in the mouth the outer covering is dissolved or bursts, and these infinitesimal seeds start on their mission of death. Their habit of life to maturity is that of every other vegetable, inhaling carbonic acid gas, and exhaling oxygen. The patient feels the intoxication that comes from an over supply of oxygen. Hence the testimony of so many parents: "The child seemed unusually well and quite gay before it was taken sick." As the excessive oxygenation of the blood goes on, increasing by growth of the plants, evidences of it are more apparent, the face flushing with a bright red hue, throat and mouth growing dry, and deglutition painful. The temperature of the body rises rapidly, because of the excess of oxygen imparted to it, and as the hours pass on there is intense cerebral excitement. This state of things continues until the maturity of the growth is attained and the plants begin to cast their seed, most of which are swallowed as they ripen. They do not begin to grow in the stomach, but reach the skin, where they find the requisite amount of moisture, and the absorption of oxygen, and liberation of carbonic acid gas, which is their life, and here these seeds, ripened a few days previous about the œsophagus, begin again to grow. As germination

commences again, there is the same appearance of excessive oxygenation, manifest by the bright redness of the skin in the eruption, and the same symptoms altogether, only in a less degree, until maturity; the cuticle destroyed or deadened by the process going on beneath it, the outer skin begins to crack and fall off, leaving a way for these ripened germs to fall until they come in contact with other living organisms whereon they may feed. During the first stage, whatever will prevent a vigorous growth of these vegetable germs will prepare fewer seed for the second or cutaneous crop. If the cutaneous crop be slight the patient should recover, not more rapidly, but more easily. The usual treatment is to cover the patient, more or less, but always more than the patient desires. Food, medicine, and external treatment, are such as add to the disturbances of the circulation, and two essentials of growth are secured, viz., heat and darkness. Is it any wonder that a fetid odor arises from the throat and mouth, described as an odor of decaying meat? The growth is killing the covering of tongue and fauces, and we unwittingly add to the heat of this dead mass, thus hastening putrescence. The picture hinted at might be carried out in its hideous details, but humanity with its eye of flesh grows too sick to look, and death mercifully soon ends the scene.

Suppose the treatment, however, to have been such that but few ripened seeds are carried to the cuticle. These will evince their feebleness of growth by paleness and scantiness of the eruption. It is claimed by most authorities that the eruption does not appear on the face. It is probably there, as the subsequent appearance of the skin indicates, but feeble, because the face has been more exposed to light, and is not so moist as the covered parts of the body. This growth may be somewhat retarded, and so the period of desquamation varies in length. The mouth and throat symptoms are now relieved, and nature begins to demand nutriment to repair the waste that has already taken place. Just at this period, if the patient is not speedily supplied with the proper food, nature makes too great demands on the already exhausted vitality, and death ensues. There is the demand, not only to repair the waste that has occurred, but the waste continually occurring while desquamation lasts. The food supply is likely excessive in quantity, but deficient in building up qualities; hence this very desire of the system to repair waste may

start those sequelæ justly feared, and more likely to follow a light than a severe case of Scarlet Fever. As to its poisoning the blood, there is no evidence of that. Certain states of the system do seem to follow the disease, but more as the result of improper treatment by physician or nurse, than from any tendency of the disease to that state. It may be that, during the eruptive stage or just after, before the growth begins to decline, a something like the pollen of flowers is exuded from the skin of the patient. This may account for the sores sometimes said to follow excoriation. The patient picks at nose and eyes and ears, and the now unusually thin skin is rubbed off, and this pollen, if it exist, at the same time rubbed into the part, producing irritation. But the abrasion is more likely from want of care in cleansing, in the earlier stages of recovery. The patient is peevish and resents interference, the skin is highly sensitive to touch, so the washing is hastily performed.

The disease is probably not contagious except when the symptoms are transferring from throat to skin, then only to those who come in direct contact with the patient, and during desquamation. It will be observed that, of those about the patient, only those nursing it are liable to sore throat, and that not until the eruption appears. There are hundreds of instances on record where children have played with others during the first day of the disease without imparting it. There are many instances where, one child dying of the disease before the fifth day, there were no other cases in the house. Numerous cases are mentioned where children have attended the funeral of those dying in the earlier stages of the disease, without themselves taking it. The germs can be imparted to clothing or anything handled by the patient, and there retain their vitality for a long time. It is believed that woolen clothing is more likely to retain disease germs; but I think in this, cotton clothing or paper, and by this test, if you wrap bread in a cotton cloth it will mould more readily than when wrapped in woolen blankets. In cleaning a dark closet the papers in that closet are found to be strongly scented with mold, when the woolen and even cotton fabrics have no mold on them. If one vegetable growth has such an affinity for cotton and paper, might not another have? Much might be said about the habits of this *Scarlatina*, but the microscope will reveal them more satisfactorily.

ART. XVIII.—Case of Obstetrics.—By R. D. CARROLL, M. D.

I was called, on the morning of February 15th, at 4 A. M., to see Mrs. S——, my nearest neighbor, aged 30 years, mother of four healthy children; had always been a very robust, healthy lady, weighing about 140 pounds. On my arrival I found her in the first stage of labor. I went back to my room, thinking that in two or three hours I would see her again, which I did. On my return, I found the os fully dilated, but was unable to ascertain the exact presentation, and, while it is a practice I have always opposed, I felt that there was something wrong, and concluded to rupture the membranes, which would enable me to ascertain the exact presentation. This I did. At 4 P. M. I succeeded in delivering Mrs. S—— of a hydrocephalic child—in twenty-two hours after rupturing the membranes.

A few minutes previous to the delivery I sent for Dr. Heftin, who lived near by, thinking I would have to resort to forceps delivery or craniotomy, and as I had ascertained the unusually large head, I thought more about the latter. But just after the arrival of Dr. H., my father-in-law, Dr. Payne, of Newton, Ala., came to my residence on a visit, and learning I was probably in trouble, he came in just in time to witness the delivery of a fetus, the head of which measured as follows: the antero-posterior diameter was 6½ inches; the bi-parietal diameter was 7 inches.

I only send this statement to show that it is possible that a child with this enormous head can pass through the bony pelvis of a natural female without the assistance of any other power save that of the contracting uterus.

ART. XIX.—The National Eclectic Medical Association.

The Committee of Arrangements take pleasure in informing you that positive arrangements have been perfected with all the various trunk lines of railroads throughout the United States, by which cheap fare to Atlanta, for the Sixteenth Annual Meeting of the National Eclectic Medical Association, June 16th, 17th and 18th, 1886, for the delegates, their wives, and members of the National Association, is assured.

Make application for blank certificate to Prof. Alexander Wilder Sec'y of National, 565 Orange St., Newark, N. J., or to Prof. W. M.

Durham, Chairman of Committee, Atlanta, Ga.; then you must present this certificate to the ticket agent, and have it filled up and signed by the agent at the starting point where you purchase your through ticket to Atlanta. If the starting point is not located on one of these roads which have agreed to the arrangement and included in the list, delegates and others will purchase to the most convenient point on one of these lines. Return ticket will be sold at one-third the lowest unlimited fare to those holding certificates properly filled out and countersigned.

It is suggested, to expedite business, that all residing in the Southern States who contemplate attending the National should write to Prof. W. M. Durham for blank certificate, and those residing in the North and West will send to Prof. Alexander Wilder, as per above. With the blank will be sent further printed instructions from the railroads.

The Committees suggest that, inasmuch as the largest and most extensive and liberal concessions from the trunk lines have been obtained, and as this is the first meeting of the National Association in the South, that all true and loyal Eclectic physicians, and all other liberal physicians in the United States, will put forth their utmost endeavors to make the National Meeting at Atlanta the grandest success that liberal medicine has ever achieved.

COMMITTEE OF LOCAL ARRANGEMENTS.

Atlanta, May 1, 1886. W. M. DURHAM, M. D., *Chairman*.

List of Roads which will Accept Return Tickets Issued under the Certificate Plan.—Atlanta & West Point; Brunswick & Western; Carolina Central; Central R. R., of Ga.; Central R. R., of S. C.; Charlotte, Columbia & Augusta; Cheraw & Darlington; Cheraw & Salisbury; Columbia & Greenville; E. T. Virginia & Georgia; Florida Railway & Navigation Co.; Georgia; Georgia Pacific; Jacksonville, Tampa & Key West; Louisville & Nashville (South of Ohio River); Memphis & Charleston; Nashville, Chattanooga & St. Louis; New York, Philadelphia & Norfolk; Northeastern R. R., of Georgia; Northeastern, of S. C.; Pennsylvania; Petersburg, Port Royal & Augusta; Raleigh & Augusta Air Line; Raleigh and Gaston; Richmond & Danville and leased lines; Richmond, Fredericksburg & Potomac; Richmond & Petersburg; Rome, Savannah, Florida & Western; Seaboard & Roanoke; South

Carolina; Virginia Midland; Western & Atlantic; Western North Carolina; Western Railway, of Alabama; Wilmington, Columbia & Augusta; Wilmington & Weldon; Queen & Crescent (or Cincinnati Southern); Kansas City, Fort Scott & Gulf; Kansas City, Springfield & Memphis; Kansas City, Springfield & Clinton, Mo.; Pacific & St. Louis, and Iron Mountain & Southern Railway; Illinois Central Railway; Memphis & Little Rock Railway.

Central Passenger Committee, Composed of the Following Lines:
—Allegheny Valley R. R.; Baltimore & Ohio R. R.; Chicago & Eastern Illinois R. R.; Cincinnati, Hamilton & Dayton R. R.; C., I., St. L. & C. Ry.; C., N. O. & T. P. Ry.; Cin'ti, Wash. & Balto. R. R.; Cin'ti, Wabash & Mich. Ry.; Cleveland & Marietta R. R.; C. C. C. & I. Ry.; Wabash, St. Louis & Pacific R. R.; Clev., Akron & Col. Ry.; Col. & Cin. Midland R. R.; Col., Hocking Valley and Tol. Ry.; Dayton & Union R. R.; Evansville & Terre Haute R. R.; Ft. Wayne, Cincinnati & Lou. R. R.; Grand Rapids & Indiana R. R.; Indianapolis & St. Louis Ry.; Ind., Bloom. & Western Ry.; J. M. & I. R. R.; Kentucky Central R. R.; Lake Erie & Western R. R.; Wheeling & Lake Erie R. R.; Lake Shore & Michigan So. R. R.; Louisville & Nashville R. R.; Lou., N. A. & Chicago Ry.; New York, Penn. & Ohio R. R.; Ohio & Mississippi Ry.; Pennsylvania Company; Pittsburgh & Western R. R.; Pittsburgh & Lake Erie R. R.; Pittsburgh, Cin. & St. L. Ry.; Vandalia Line; Valley Railway.

ART. XX.—The State Control of Medical Education and Practice
(*In the Negative.*)—BY ROMAINE J. CURTISS, M. D.

The modern method of throwing physic to the dogs seems to be to put the matter of medical education and practice under the control of the State; which means, of course, nothing more or less or better than making medical education and practice a factor of State politics. This method assumes that politics is a better criterion of the standard of medical education than any educational test, or any life test, and also assumes that colleges are not qualified, by reason of natural favoritism, to judge of the merit of their work, and, in fact, assumes that it shall be illegal for them to claim any such ability.

The epidemic of medical laws began several years ago, and has spread very rapidly ever since. The disease has invaded most of the States, while the remainder are setting their houses in order and putting themselves in the attitude of being also ready, for the epidemic is certain to come; even if for no other purpose than that advocated by a Philadelphia medical reformer, who claimed that the passage of a medical law in that State would benefit the boarding-houses.

But the epidemic of medical laws, like all other wide-spreading mistakes, has left a burnt district of dissatisfaction behind. The rule is that in every State, when such a law has been adopted, that the medical public, who are informed, are disgusted, though they are silent, while the satisfaction and alleged benefits of the law are all on paper, and reach no further than to include the few individuals who are honored by the resulting political preference of the law, or who hold the offices; and their glory is certainly not enviable. Occasionally, it must be admitted, there is a cheerful note from some hopeful man, who is writing up the medical law of his State, and trying to account for its failures by certain defects, but the majority of the medical men are already convinced that the defect of any medical law is simply just the measure of its space on the book of statutes.

It may be admitted that in some of the States the general profession were highly elated over the first official report. The elation was always to be explained by the statement that from 500 to 2,500 quacks and partially educated men have been "driven" from the State. I have never seen a report of this character which contained any list of the "driven" ones, except a numerical estimate. The numbers in these reports look well on paper; but it would be quite ornamental, at least, if the names of the men of these armies making up this hegira were also on paper; or, if not, then any kind of evidence would do going to prove that the hegira was not after all a myth. During the first year or two of the existence of the Illinois medical law, the official reports stated that there was a total remainder of between 5,000 and 6,000 physicians, of the various persuasions, in the State, after an exodus of 1,700 who departed; but the general census, coming out the next year, reported the physicians of the State at over 7,000, which, if it did not include the

lost 1,700, the census must have encountered an hegira of doctors coming from some other State.

But an account of an epidemic is incomplete without an estimate of its causes. There is, of course, a cause for the epidemic of medical laws. Investigating this feature, we find that in every case medical men are, or have been, the instigators of these laws. The cause therefor must be found in the general or public medical mind. The writer has noted, with not a little interest, the characteristic literature which is the premonitory symptom that the epidemic has struck the profession of a State. There is a remarkable uniformity of these symptoms, no matter what the climate. There is, first, the statement that the profession is overcrowded, and then follows statistics which generally prove that there are 85,000 doctors, and upwards, in the States. Of course, there is no thought of the inconvenience of personal competition in this symptom. Then the literature will seek for causes, and, of course, these are found in the great multiplicity of the "diploma mills"—nothing being said about the other medical means of grace—the great multiplicity of medical publications. But the assertion is always made that the greater number of students patronize the poorer colleges, because of the cheapness, and for other obvious reasons, and that colleges are not endowed (endowed with money, of course), and therefore their profits depend upon their yearly grist. Then the writer will generally go on to say that his own college, or society, or boarding house, or practice, or State, by a certain kind of medical law would get a sort of political protection, which would be a great sop for the "dignity of the profession," and the next report generally is that the law is enacted; and the next is that the reason it is not a success is because there are certain defects in the law.

The motives in the public medical mind which lead to the appeal to legislatures are made up, of course, of many factors, and some of the factors are designed to cast a shadow over others that may hide them. The preamble which goes before the resolution made by a medical society to favor a medical law generally expresses dissatisfaction at the overcrowding of the profession. This "gives away the real motive and *animus*, and is nothing more or better than unprofessional trade-unionism. What follows next is the factor designed to hide the former, and which asserts that the doctors

are not only too many, but too ignorant; and then these men, members of a society or of a State, will deliberately brand all other doctors with the brand of ignorance, and the colleges that educated them as being incompetent either to educate or grant diplomas.

The principal evidence that would appear to a disinterested judge on this subject, tending to show the lack of good education on the part of doctors, is this very fact that the doctors, and not the general public, are the instigators of all medical laws. An educated medical public would not manufacture such laws, or frame them, and I do not hesitate to risk the prophecy that a better educated medical public will do away with these laws altogether.

All medical laws violate constitutional law, or at least the ethical basis of law. In this category I do not include any law against medical pretence or any other pretence. Our general laws are sufficient to protect the public against any kind of pretence that obtains money, but in medical pretence there is no possible legal or other standard by which to prove in a court that a man is really a medical pretender. Trade-unionism in medical law aims at alleged ignorance in the profession, and seeks to establish a legal or a political standard of medical education, and also endeavors to define and establish what the standard shall be; and it cannot be denied that the artificial standard so fixed is designed to lessen competition in medicine as a business, rather than to elevate the standard of medical education. Medical laws violate the ethics of law, because law should be so framed that all people should be equal in their "*bornin*," and should have equal rights in the pursuits of a living and life and happiness. A medical law which is selfishly conceived to benefit any boarding house, or college, or society, or lessen competition in medicine as a business, certainly violates the ethical basis of all law or of human conduct. Ethical science defines the principles of equal rights between all people, and most constitutional law is founded on these principles, but the blunders of eternally blundering legislatures present a record of enactments designed to give the advantage to cliques and conscienceless wretches who will take any advantage they can get, and make any kind of a law that they possibly can. The general business of Supreme Courts is to adjust these blunders, as much as possible, to the ethics of law.

But there is also another criterion of ethics and law, which is the

public opinion or judgment. Laws which are better or worse than the general public become "dead letters." Laws which are made in the interest of cliques, or even dogmas, are also "dead letters." The few really good features of medical laws designed to suppress bare-faced medical pretence are "dead letters," and possibly for good reasons. Doctors are certainly queer people. The "Regulars" would, if they could, legislate all other pathies out of existence. The homeopaths would do the same. All the pathies would combine through legislation to suppress the prayer-curers, and when these men of faith once in the history of Europe had the authority, they banished every man with a pathy beyond the confines of Europe. This banishment was not "on paper," like that of the 1,700 incompetents driven from the State of Illinois. The pathy-men actually quit the business, and the faith-healers had it all their own way. There is something peculiar about medicine as a business, and as an education and a social factor, which fills the breasts of the profession with envy and jealousy. The lawyers and clergy do not appear to be building new statutes of a protective or oppressive character. The civil engineers, chemists, teachers, architects, inventors, and other professions, may sometimes present the spectacle to the world of individuals getting each other by the ears, but none of them appear to be lobbying blundering legislatures to pass laws calculated to endow their colleges, or raise their standard of education out from alleged depths. The medical profession, or profession which handle the drug, are alone in this war. They have the floor, and it must be said: "What a spectacle!"

But I have done tardy justice, I suppose, to the subject, by omitting to mention the alleged and proper antecedent to the plea for a higher education to be established by law. The "dear public" here enters the stage, and takes up its usual part of the play. Of course, a legalized higher standard of medical education is wanted, because human life is tampered with by the practice of ignorant doctors. Of course—ahem!

Unfortunately for us all, there is a very extensive medical literature now resting on medical book-shelves. I have been reading this literature rather steadily for twenty-five years. It is all characteristic medical literature, from the scientific and ethical standpoints. Most of it is clinical. The clinical records are simple little stories,

containing in each case the record of a professional rescue and grand triumph of professional success. One case tells us how a most deplorable case was rescued from the practice of an infinitesimal homœopath, and by "proper treatment" was saved to family and friends. So conscientious is the narrative, that the details of the treatment are given in full. But there is another rescue. This time the other fellow is the hero. A homœopath rescues from the grave, and an allopath, with his murderous weapons of calomel, antimony, bleeding and blisters, a patient, who is immediately put upon carbo. veg., and restored to manhood and business. But here's another: a patient has been blistered and bled, fed on calomel and antimony, and wrongly diagnosed by a "Regular," then wrongly diagnosed and given "carbo. veg." by a homœopath, and, when nearly dead, is rescued by the skill and higher education of an eclectic. Next we read piles of similar literature by the physio-medicalist. But this is not all; a specialist writes up a clinical report. He finds that a patient has been treated, by an excellent brother practitioner, for "liver complaint," and, on making a scientific examination, he found a fissure of the anus, and, with his thumbs, he extended the sphincter to a capacity large enough to take in a Rhode Island pippin, if not Rhode Island herself, and thereby the fissure was healed, and the patient rescued from an ignorant practitioner and impending death.

I should say that about 1,500,000 of sick and dying women have been saved from death, and ignorant men, who as physicians were treating them for brain disease, heart disease, stomach disease, blood disease, and kidney disease, or what not, by the gynecological specialists, who have diagnosed correctly an abrasion of the mucous membrane of the mouth of the uterus, and applying nitrate of silver to the abrasion weekly for six months, have seen repair of the tissues, and restoration of the woman to life, society, family, church and friends.

But the indictments of professional ignorance do not rest here. Dissatisfied doctors are free to say that medical examiners appointed by the State are ignorant politicians, while the examiners are certain that the majority of the profession are yet in the dark ages. But occasionally the medical profession brings forth a regular "genius," or perhaps a genius who is "irregular," who is himself the reposi-

tory of all medical learning and acumen, and a whole grand jury in the business of professional indictment. Such a genius scintillated through the magnifying medical illuminator, known by the name of the *New York Medical Journal*, a week or two ago. It is known that there is an attempt to have an International Medical Congress, but the State Boards have not examined candidates enough yet. And there are further difficulties. The different medical parties have been tendering the usual professional compliments in consequence of the failure to agree; the chief element of their compliments being the charge of ignorance. But this genius arrays himself into a party of one, and declares that the whole profession at large are not educated. He points to the spectacle—the spectacle that doctors will always put on the stage when they go on themselves, and the spectacle the profession are now exhibiting under the name of the International Medical Congress—and pointing, this writer says: “Now see the consequence of the low standard of medical education in the United States.” There is, in one sense, a great amount of *esprit du corps* in the *morale* of the medical profession. To be sure there is a cast-iron code of ethics, but there is another ethical party, which asserts that the culture, education, charity and loveliness of the medical profession demands that this cast-iron or pig-iron code shall be abolished, and that there shall be no written code, nor any code at all, except an unwritten code, which naturally bubbles up like a magnetic spring from the bosoms of “gentlemen” when they meet on a professional platform. The new code asserts that doctors are gentlemen, and when gentlemen meet they are to spontaneously bubble by ear, and are not to ethically gush at each other by note.

Of course, the writer in the *New York Journal* does not refer to the European part of the International Society in his charge of ignorance. Perhaps he does not include the entire profession comprising the American section. If he were obliged to give individual references, he might skip many prominent names in the International Congress, and would possibly sift out the medical paraphernalia of his country with the exception of the doctors of Oshkosh and Kalamazoo, and the medical colleges of Ypsilanti and Leadville.

The medical profession is certainly not a candid exponent of

itself. The indictment of the profession furnished by its own literature is a many-sided charge. The "pot is continually naming the kettle black," for one side, but the profession claims to be the most gentlemanly and charitable of any on earth. I can, in view of these things, advise the adoption into the gentlemen's code of one imperative custom, which shall be that every man bringing a charge of ignorance against the profession shall "prove his venue;" that is, he should state what his own education is and where he obtained it; and this rule should apply to Boards of Health and Medical Examiners.

But the epidemic of medical laws will pass away like all other epidemics—like the crusade epidemics, the convulsion epidemics, and the tulip mania. A law, to be permanent, must be founded on the laws of life as they are exhibited by social organisms, or it must have, in other words, an ethical basis, or it cannot stand. No medical law has even approached a success. Not even the laudable intention or hope of suppressing quackery or bold-faced medical pretence has been attained. The first effect of the law has been everywhere to prove an annoyance and actual expense to reputable doctors, and the second effect has been to give all the quacks in the State a legal standing and recognition, which they were without before. Notwithstanding the official reports, which give the quacks a paper death, every State with a medical law is overflowing with quackery of every name and kind, as the promised land overflowed with milk and honey. Illinois is overrun with "prayer-curers," "faith-doctors," "magnetic quacks," "oxygen quacks," "phrenologist quacks," itinerating quacks, local quacks, Chinese and Voodoo quacks, quacks with brass bands and six-horse teams, male and female quacks, and cancer quacks. The profession of Illinois succeeded beautifully in throwing their physic and themselves into the hands of the politicians, and paying the cash themselves for the transfer; but every man in Illinois who will count up the medical impostors in his vicinity will find himself wondering why all the quacks of the State have located in his township.

The doctor, and notably his base congener, the quack, are migratory people. They are on the lookout for new locations and pastures that are green. Viewing this fact and phenomenon from the standpoint of each State, it will be seen that there is a continual

ebb and flow of the medical tide. The itinerating quacks form the bulk of the ebb and flow, but the migration is made respectable, by the students, young men graduates and middle-aged doctors who are seeking new fields of honor and usefulness. If this ebb and flow is counted, it will be found that the individuals composing it will number from five to fifteen hundred every year. Tennyson's "brook," if located in Indiana, could still sing: "Men may come, and men may go, but I go on forever." But when a State enacts a medical law the executors proceed to set up a watch over the borders of the State. They count and brand the men who leave the State as quacks, who are fleeing from the wrath of the State vial; but in each and every case, so far as reported by any State document, there has never been an appropriation made by the legislature to furnish ink for taking down the names of those who have taken refuge in flight to the arms of a sister State which has no medical law. If I should suggest a new feature to the medical laws now in existence, it would be that a complete descriptive list be furnished by the State of the physicians who not only leave, but enter the State as well. A record of this character would, of course, destroy some fond delusions fostered by State reports, but would include the itinerant and other quacks which infest the towns in defiance of law, who neither register nor pay tithes, neither do they vote nor pay taxes. At one time during the past summer, in the city of Joliet, Ill., having a population of twenty thousand, I counted the "ads." of eleven advertising transient doctors, who openly professed to "cure" disease by "vital electricity," magnetism, oxygen, and some other special methods. None of these physicians were registered, nor do their names appear on the State register, nor were they licensed. I think this is a fair sample of what may be found most any time at most any place in the State of Illinois.

The truth being that medical laws are enacted and exist, and are conceived mostly in iniquity, and are a nuisance and a failure in every other way, let us now study the subject of education, and its relations to the practice of medicine and the public, and to ethics and laws.

[TO BE CONTINUED.]

ABSTRACTS.

A Bill for an Act to regulate the practice of Medicine and Surgery in the State of Iowa.*

Be it Enacted by the General Assembly of the State of Iowa:

SECTION 1. That any person practicing medicine, surgery or obstetrics, in any of their departments, within this State, shall possess the qualifications required by this act. If a graduate in medicine, such person shall present his or her diploma to the State Board of Examiners, for verification as to its genuineness. If the diploma is found genuine and is issued by a medical school legally organized and in good standing, of which the State Board of Examiners shall determine, and if the person presenting and claiming such diploma be the person to whom the same was originally granted, then the State Board of Examiners shall issue its certificate to that effect, signed by not less than five physicians thereof, representing one or more physicians of the schools on the Board, and such certificate shall be conclusive as to the right of the lawful holder to practice medicine, surgery and obstetrics within this State. If not a graduate, the person practicing medicine or surgery within this State, unless he or she shall have been in continuous practice in this State for a period of not less than five years, of which he or she shall present to the State Board of Examiners satisfactory evidence in the form of affidavits, shall appear before said State Board of Examiners and submit to such examination as said Board may require. All examinations shall be conducted in writing, and all examination papers, together with the reports and action of the Examiners thereon, shall be preserved as a record of the Board for a period of five years, during which time they shall remain open for inspection at the office of the said State Board of Examiners. Such examinations shall be in anatomy, physiology, general chemistry, pathology, therapeutics,

*The House adopted the report by a vote of 61 yeas to 9 nays, and the Senate without a dissenting vote. It was finally placed in Gov. Larrabee's hands. Its friends, becoming uneasy, looked the bill up, and discovered that the Governor absolutely refused to "sign it under any consideration, as it contains provisions that should not be in any law." There was no further explanation, and he said if he had seen it one day sooner he would "send it up stairs" (veto it). The time had expired by one day only for the veto. It was finally passed to the Secretary of State, and it will become a law.

principles and practice of medicine, surgery and obstetrics. *Provided*, that each applicant upon receiving from the Secretary of the Board an order for an examination shall receive also a confidential number which he or she shall place upon his or her examination papers so that when said papers are passed upon by the Examiners, the latter shall not know by what applicant said papers have been prepared. That upon each day of examination all candidates be given the same set or sets of questions. It is further provided that the examination papers shall be marked upon the scale of one hundred (100), and that in order to secure a license, it shall be necessary for the applicant to attain such average as shall hereafter be determined by the State Board of Examiners. And if such examination be satisfactory to a least five physicians of said Board, representing the different schools of medicine on the Board, the Board shall issue a certificate which shall entitle the lawful holder thereof to all the rights and privileges herein provided, and the physicians and the Secretary of the State Board of Health shall constitute and be deemed a Board of Examiners for the purpose of this act.

SEC. 2. The State Board of Examiners shall procure a seal within sixty days after the passage of this act, and through the Secretary of said Board shall receive applications for certificates and examinations. The President, or any member of the Board, shall have the authority to administer oaths and take testimony in all matters relating to their duties as Examiners aforesaid. The Board shall provide three forms of certificates: one for persons in possession of genuine diplomas, one for candidates examined by the Board, and one for persons who have practiced medicine or surgery in any of its departments for five years, as provided in this act. Said certificate shall be signed by not less than five physicians of the Board, and this number may act as Examining Board in the absence of the full Board, provided that one or more members of the different schools of medicine represented in the State Board of Health shall also be represented in the Board of Examiners. The Board of Examiners shall hold meetings at such places as will best accomodate applicants residing in different portions of the State, and at such time as they shall deem best, and due notice of the time and place of such meetings shall be published.

SEC. 3. The Board shall examine all diplomas submitted to

them for such purpose to determine their genuineness and the rightful ownership of the person presenting the same. The affidavit of the applicant and holder of any diploma that he or she is the person therein named, and is the lawful possessor thereof, shall be necessary to verify the same, with such other testimony as the Board may require. Diplomas and accompanying affidavits may be presented in person or by proxy. If the diploma shall be found genuine, and in possession of the person to whom it was issued, the State Board of Examiners shall, upon the payment of a fee of two dollars, to the Secretary of the Board, issue a certificate to the holder of such diploma, and no further fee shall be demanded or collected from said applicant by said Board for such certificate. If the diploma shall be found to be fraudulent, or not lawfully in the possession of the holder or owner thereof, the person presenting such diploma or holding or claiming possession thereof, shall be deemed guilty of a misdemeanor, and on conviction thereof, before any court of competent jurisdiction, be fined not less than twenty dollars nor more than one hundred dollars.

SEC. 4. Every person holding a certificate issued by the State Board of Examiners, shall, within sixty days after the date of such certificate, have the same recorded in the office of the County Recorder, in the county wherein he resides, and should he remove from one county to another to practice medicine, surgery or obstetrics, his certificate must be recorded in the county to which he removes. The County Recorder shall indorse upon the certificate the date of record, and he shall be entitled to charge and receive a fee of fifty cents for his services, to be paid by the applicant.

SEC. 5. The County Recorder shall record in a book provided for that purpose, a complete list of the certificates presented for record, and the date of their issue by the State Board of Examiners. If the certificate is issued by reason of a diploma, the name of the medical college conferring the same, and the date when conferred, shall be recorded; and when such certificate shall have been granted upon the examination of the Board, or because of five years' practice in the State, such fact shall be recorded. Said records shall be open for inspection during business hours.

SEC. 6. Candidates for examination shall pay in advance to the Secretary of the State Board of Examiners, a fee of ten dollars,

which fee, together with the fees received for certificates, shall defray the entire expense of the aforesaid Board of Examiners, and the balance shall be turned over to the State Treasurer for the benefit of the school fund, except such an amount as will pay each member of the Board ten dollars (10) per day during the time he is in actual attendance upon the session of the said Board for the purpose of performing the duties required of him under this act, and as will pay the Secretary of said Board such a salary as they may allow, not to exceed five dollars a day during the time he is actually engaged in performing the work of the Board under this act, and each member of the Board of Examiners shall also receive a sufficient amount to defray his actual and necessary expenses while in the discharge of the duties herein provided. Any one failing to pass the required examination, shall be entitled to a second examination within twelve months without fee. *Provided*, that any applicant for examination by notice in writing to the Secretary shall be entitled to an examination within three months from the time of said notice, and a failure to give such opportunity, shall entitle such applicant to practice without the certificate required by this act, until the next regular meeting of said Board.

SEC. 7. The State Board of Examiners may refuse to grant a certificate to any person who has been convicted of a felony committed in the practice of his profession, or in connection therewith, may revoke certificates for like cause, or for palpable evidence of incompetency; and such refusal or revocation shall prohibit such person from practicing medicine, surgery and obstetrics; *provided*, such refusal or revocation of a certificate can only be made with the affirmative vote of at least five physicians of the State Board of Examiners, in which number shall be included one or more members of the different schools of medicine represented in said Board; and *provided further*, that the standing of a legally chartered medical college from which a diploma may be presented, shall not be questioned by a like vote.

SEC. 8. Any person shall be deemed as practicing medicine, surgery or obstetrics, or a physician, within the meaning of this act, who shall publicly profess to be a physician, surgeon or obstetrician and assume the duties, or who shall make a practice of prescribing or of prescribing and furnishing medicine for the sick, or who shall publicly profess to cure or heal, by any means whatsoever; but

Nothing in this act shall be construed to prohibit students of medicine, surgery or obstetrics from prescribing under the supervision of preceptors, or gratuitous service in case of emergency, nor shall this act tend to prohibit women who are at this time engaged in the practice of midwifery, nor to prevent the advertising, selling or prescribing natural mineral waters flowing from wells or springs; nor shall this act apply to surgeons of the United States army and navy, and marine hospital service, nor to physicians who have been in practice in this State for five consecutive years, three years of which time shall have been in one locality; *provided*, such physician shall furnish the State Board of Examiners satisfactory evidence of such practice, and shall procure the proper certificate as provided in this act, and for which certificate such physician shall pay to the Secretary of the State Board of Examiners a fee of two dollars, and the Board shall issue to the applicant such certificate; nor shall this apply to registered pharmacists when filling prescriptions, nor shall it be construed to interfere with the sale of patent or proprietary medicines in the regular course of trade.

SEC. 9. Any person who shall practice medicine or surgery within this State, without having complied with the provisions of this act, and who is not embraced in any of the exceptions, or after being prohibited from so doing, as provided in section 7 of this act, shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be punished by a fine of not less than fifty nor more than one hundred dollars, or by imprisonment in the county jail not less than ten days nor more than thirty days.

SEC. 10. Any person who shall file, or attempt to file, with the State Board of Examiners, as his or her own, the diploma of another person, or who shall file or attempt to file with the County Recorder the certificate of another person as his or her own, or who shall file or attempt to file a diploma or certificate with the true name erased therefrom and the claimant's name inserted, or who shall file or attempt to file any forged affidavit of identification, shall be deemed guilty of the crime of forgery.

SEC. 11. The penalties, as provided in this act, for violations thereof, shall not be enforced prior to the first day of January, A. D. 1887.

SEC. 12. All acts or parts of acts in conflict with this act, are hereby repealed.

Ohio Eclectics.

The Eclectic doctors of Ohio held a two days' session in Urbana. The meeting consisted of presentation of clinical cases and surgical operations, all of which were free of charge. Numerous papers were read, which were of great interest and discussed freely, among which was a paper on "Special Surgery," by Dr. Russell; "Modern Surgery," by Prof. Howe, of Cincinnati. A banquet was held in the evening at the Exchange Hotel, where the M. D.'s and their ladies fared sumptuously. Numerous toasts were named, of which the following are a few: "The female Physician," by Prof. Howe; "The Eclectic Medical Institute," Prof. Scudder; "Surgical Progress," by Dr. Russell; "Medical Etiquette," by Dr. Williams; "The trials of a Young Physician," by Dr. Miranda; and "Medical Jurisprudence," by the Hon. T. D. Crow. Everything went off merrily and all had a good time. Among the clinical cases was a case of phlegmonous erysipelas of the leg and foot, which had been cured and healed by skin grafting; a man with a lung trouble, with perforation of the lungs and walls of the chest, so that smoke could be blown from the mouth out through the apertures in the side and back. This case brought about a lively discussion. A case of enlarged lymphatic glands of the neck and jaw was shown, and decided to perform a surgical operation.

A case of a child with false joint which had resulted from a fracture which had never been dressed. The operation for the cure of this consisted in cutting down to the false joint and sawing off the ends of the bones, thereby causing a new deposit to be thrown out and a union of the bones will be formed.

Dr. Scudder addressed the meeting on "Medical Legislation," in which he said that "regular" medical profession said, that the reason they had not succeeded in passing a medical bill through the legislature was that "they hadn't the sympathy of the people." The Prof. then described the old allopathic treatment of blisters, salivation and loose teeth therefrom, lances and counter irritation of various forms, etc., which he said, after the people had tried it for years, that he did not wonder that the people were not "in sympathy with any such treatment. The allopathic profession claim "they are the only preservers of the people," and that they need protection through our legislature from the homeopathic and eclectic physicians.

Dr. A. J. Howe read the following address upon the Standing Progress, etc., of the Eclectic School of Medicine of to-day :

Mr. President: Your order of exercises calls upon me to deliver an address this morning ; and, as a dutiful high private, I promptly proceed to comply with this command. But, if you expect anything like a set speech, you will be happily disappointed. If, in a convention, there be one thing I abhor more than another, it is a prolonged harangue. It is worse to endure than a long sermon preached on a drowsy Sunday.

The Eclectic Association of Ohio is not notable for numbers—its distinguishing feature consists in the estimable character of its members. The organization is fortunate in the fact that it embraces a dozen or more wide-awake men, who ensure success to anything they undertake. We assemble once a year and make the occasion one of pleasure and profit. We do not convocate to plot and scheme, but come together with the best of intentions. We have no enemies to punish, no dull axes to grind. We are contented with those elected to rule over us ; and we are loyal to existing rules and regulations. If we do not like an existing ordinance, we proceed to modify or abrogate it. There is nothing to threaten or make us afraid.

It is not boasting to say that the eclectic physicians of Ohio are professionally superior to a given gathering of practitioners in any other State in the Union. The majority of our brethren are located in populous centers, and enjoy the confidence and patronage of the very best in society.

Within a period of fifty years we have wrought a marvelous transformation in the practice of medicine. We started out with the avowed purpose of effecting a revolution in therapeutics, and we have accomplished more than we promised or flattered ourselves that we could do. Allopaths now administer smaller doses of medicine, and homeopaths larger ones. Our mission was to establish a rational system of medication ; we denounced blood-letting as a curative agency, ridiculed the indiscriminate use of the mercurials, exposed the abuse of catharsis and reviled the principle of depletion. The supporters of old methods in medical practice hurled anathemas upon us and bore false witness against us, even descending to the basest kind of warfare, but we engaged in the strife with the spirit

that fought at Bunker Hill and commanded surrender at Yorktown. We have lived to see leading allopaths adopt the measures we so long and so zealously advocated. The best authors among our old enemies now denounce depletive methods and advocate sustaining the vital powers.

It is becoming and proper in us now to consider whether we shall continue our organizations for the purpose of accomplishing other needed reforms. We have achieved all, or substantially all, we set out to do. What more does the most exacting want? At the end of the war the old abolitionists met, passed congratulations and disbanded. All had been accomplished which had been contemplated by the "Liberty Party"—even William Lloyd Garrison was satisfied. We have as completely downed phlebotomy and general depletion in the practice of medicine, as negro slavery has been downed.

I have been approached by high contracting parties who favor the consolidation of the different schools of medicine; but I do not like the plan proposed, which is that eclectics and homeopaths give up their organizations, and the best of them come into the allopathic brotherhood. The design of the stronger party is to coax the leading men of the "irregular" schools, and then impose heavy burdens upon the rank and file—even to wipe them out.

When Cyrus, the younger, organized a large military force to gain the ancestral throne of Persia, the reigning prince sent out a flag of truce, inviting him and his generals to a banquet, and while the distinguished guests were seated at a table, they were, at a secret signal, fallen upon and slain. Then, again, we read in an ancient fable that the wolves proposed to the shepherds terms of peace, the proposition being that the dogs be put to death in order that diplomacy might go on without intimidation. Well, in prospect of diplomatic relations between the different schools of medicine with a view to consolidation, I hope it will not be asked of us that we burn our colleges as preliminary to amicable negotiations.

In the course of time we have changed somewhat. At the start we employed so many vegetable remedies that we were denominated botanics. Now we employ some of the metallic agencies of the *materia medica*; but allopaths have made as prominent a departure in the opposite direction; they formerly utilized such a large proportion of metallic drugs, that they were called mineral doctors—they

now employ almost as many therapeutic agents from the floral kingdom as we do. Thus the two schools have gradually approached each other, until there remains little difference between the rational allopath and the liberal eclectic. We are so near alike at present that a consolidation of interests might be effected if the terms of communion were honorable to all concerned. Unless generous terms be offered us, I propose, in my individual capacity to continue the fight; for

"Freedom's battle once begun,
Bequeathed from bleeding Sire to Son,
Though baffled oft,
Is ever won."

We cannot afford to risk much in arbitration. We have been subjected to ignominies that cannot be overlooked or ignored without due apologies. Dogberries and dudes have called us quacks; and although the calling of names don't hurt much, the impertinence is not becoming on the part of gentlemen. I think, before we concede much, we should ask for hostages while negotiations are going on—we should at least demand that a certain few picked men of their party should engage in a competitive examination with an equal number of our selection, to see which are the greater quacks. If they win we ought to concede a point or two to them. I crave the surgical place in such a joust.

We hear of legislative boards of health which in partisan "might" are to squelch irregulars; in fact, I know of some "circuit riders" of that class who ought to be squelched—they are a disgrace to the name of medicine. But the legitimate physicians of any school cannot be ousted by the acts of a board created to look after the hygiene of the commonwealth. An attempted outrage of that kind would be met with loud cry of "shame." If regular serpents sent to destroy Hercules in his cradle where themselves strangled, what might be the result when the infant had grown to be a giant.

Our pioneers were as humble as the fishermen of Galilee, and were persecuted by as cruel a set of despots; but it seems that "the weak things of the world have been chosen to confound the things that are mighty." Ours is not wholly a mission of peace; but in matters medical we will have tranquility, even if we have to fight for it.

An excuse for brevity on my part is, that important business awaits action, and I have no desire to be in the way of progress.

The meeting throughout was a grand success.

The election of officers for the coming year resulted in the selection of Dr. J. C. Butcher, of Urbana, for President; Dr. Williams, of Alexandria, 1st Vice-President; Dr. C. Wintermute, 2nd Vice-President; Dr. S. D. Miranda, of Springfield, Recording Secretary; Dr. Bloyer, of Catawba, Corresponding Secretary; Prof. Howe, of Cincinnati, Librarian; Dr. Anton, of Lebanon, for Treasurer. Delegates to the National Association at Atlanta, Ga., which meets in June: Drs. Williams, Parker, Dice, Butcher, Russell, McLaughlin, Gemmel, Markt, King, Rush, Wintermute, Mundy and Conklin.

The re-election of Dr. Miranda is quite a compliment to him, beside a vote of thanks passed to him by the Association for his efficient services during the past year. The ballot for place of holding the next meeting resulted in the selection of Springfield, the time of meeting to be left to the Executive Committee, which will be some time in May or June, 1887. For attendance and interest this meeting was one of the best the Association has ever held, and the local committee, Dr. Russell, Dr. Miranda and Dr. Austin, of this city, shall endeavor to have everything needful to make the next meeting, if possible, to excel the last one.—"*Springfield Gazette*."

Specifics.

Specific medication sounds well to the ear. It is a positive assertion in itself, and is the desire of every physician, a grand desideratum to the patient. But what specifics have we in medicine, and for what diseases? Have we any specific for smallpox, yellow fever, cholera, scarlatina, asthma, croup, Bright's disease, or diabetes? None whatever. Yet we have practitioners who prate glibly about specific medication, as though they held in their feeble hands the keys to health and life. We have a few remedies that exert a strong specific influence over certain morbid conditions, and they are but few, but some of them are worthy of special reference. Quinine exerts a powerful control over intermittent fever; baptisia tinctoria, over low typhoid conditions; lobelia inflata is our great remedy in pneumonia, asthma and croup; discorea villosa stands at

the head of remedies in bilious colic; gelseminum and veratrum viride, as sedatives, stand justly at the head in general fevers, both of them being far superior to aconite, as they do not depress the vital forces to the same degree. In dysmenorrhœa, menorrhagia, and all spasmodic affections, viburnum compound, of Dr. Hayden, has a high specific action, but none of the above valuable remedies are specifics. The two remedies which approach the nearest to specifics, in the true sense of the word, are the homely onion and potato in scurvy, for if used freely and in season they will cure the patient. In some forms of dyspepsia, and in the most dangerous cases of obstinate constipation, a small piece of rich old cheese will save the patient after quicksilver, ol. tigii, and all other potent drugs have failed.—*The Medical Bulletin.*

Morphiomania.

Dr. Marandon de Montyel summarizes the results of his investigations of the production of morphiomania as follows:—(1) Morphiomania has its origin either in a demand for intellectual excitation and psychical pleasure, or in the acquired habit. (2) Injections of morphia have, as a result, a double action: a benign action; and a special action upon the nervous system, by which its natural function becomes impossible, after a certain term, without the assistance of the poison. These two effects are separate and distinct from each other; the second is manifested when the first is no longer exhibited. There are, then, two kinds of morphiomania; the one resulting in temporary good effect, the other a vital necessity; and, after a variable period, the cases of the first order pass over into the second. (3) This double action of morphia upon the nervous system renders it an extremely dangerous medicament, and it therefore should not be prescribed hypodermically, except in cases of absolute necessity. (4) It is also extremely dangerous to combat morphiomania by the substitution of alcoholics, inasmuch as chronic alcoholic insanity may result therefrom. (5) Morphiomania may always be treated by abrupt withdrawal of the drug, except in conditions when such methods are contraindicated by the vital forces of the patient, or concomitant pathological phenomena. The method should also be abandoned if reactionary collapse result. (6) In the treatment of morphiomania by gradual suppression of the drug,

it appears advantageous to combine with the progressive diminution of the dose the reaction obtained by fusing two injections into one. (7) The medico-legal questions pertaining to morphiomania are certainly based more upon extra-judicial than upon judicial clinical observation. (8) Observation shows that a morphiomaniac may have great energy of will while the poison has not yet determined any disorder of intellect. There is here a serious proof of what has already been said, that responsibility only ceases with the period of psycho-physical marasmus. (9) Relative to the responsibility of morphiomaniacs who commit crimes or offences to satisfy their passion, it is, perhaps, necessary to distinguish whether they have yielded to the simple appetite for the pleasant effect, or to a physical necessity dependent upon the instinct of self-preservation. A conclusion of irresponsibility in the latter case seems justified. (10) In the exact appreciation of the intellectual troubles caused by the abuse of the hypodermic injection of morphia, it is important correctly to appreciate the existence of predisposition to insanity, and the delirium produced concurrently by the absorption of such substances as opium and belladonna. (11) It is necessary to retard the continual progress of morphiomania, by disseminating general information in the upper ranks of society concerning the deplorable and certain evil effects following the use of the drug, and to exercise an active surveillance over pharmacists, and impose special penalties upon those who dispense morphia without a physician's prescription.—*Amer. Jour. Med. Sciences.*

Lloyd's Hydrastis.

Lloyd's Hydrastis is the best and most elegant preparation I have ever used. Its action is certain, and when used where indicated, we can expect nothing but the best of results. I used it in atonic dyspepsia, chronic cystitis, vaginal leucorrhœa, etc. I have given the preparation a fair trial in a number of diseases, such as naso-pharyngeal catarrh, chronic cystitis, chronic conjunctivitis, vaginal leucorrhœa, and chronic catarrhal affections generally, and the very best results have invariably followed its use. Patients do not complain of its taste; it is nice to handle, and is destined soon to become one of our most valuable agents.

CORT F. ASKREN, M. D.

Chorea Successfully Treated with Hyoscyamine.

In a clinical lecture recently delivered in the Pennsylvania Hospital by Prof. Da Costa (*Med. Times*, January 23, 1886), a patient was exhibited, suffering from what Dr. Da Costa described as the worst case of chorea that he had ever seen. The patient was a boy about 11 years old, pale and weakly, and described by his friends as having always been nervous.

Four weeks before the date when he was admitted (on the 14th of December) he had an attack of acute rheumatism, which involved all the larger joints of his body. The rheumatism lasted about three weeks, but as it declined choreic symptoms began to be manifested. His hands and arms were first affected, and afterwards his legs.

When admitted he was actually unable to walk; he was even unable to feed himself, and seemed in risk of starvation. He was wretchedly weak and emaciated. He could perform no co-ordinated movements with his arms or legs, and unless there was always somebody about to give him a drink of water and food he would have perished. This was not due to any want of power in the muscles, but to the impossibility of performing any voluntary act requiring co-ordinated movements; yet when food was placed in his mouth deglutition was readily accomplished. When admitted he could not speak, he could not articulate a word. He could not put out his tongue, although he could open his mouth and move his jaws, but he could not ask for food. His expression was that of an imbecile, and he was reduced to a mere shadow.

At first his arms and legs were constantly moving, both sides being equally affected. No power of grasp existed in his hands, though sensation did not seem impaired. He complained of pain when he was pinched. The patellar reflex was normal, and not exaggerated. No marked change in the electrical reactions was observed. His pupils were very much dilated; his pulse was only 50 per minute, and rather weak; there was a systolic mitral murmur heard at the apex. These involuntary muscular movements did not continue at night, when he was asleep. His urine had been examined, but neither albumen nor sugar detected. His bowels tended to constipation.

The ordinary remedies for chorea act slowly; arsenic, though

one of the best of our therapeutic agents for this disorder, acts slowly; it takes time, and the loss of time here might be fatal. Dr. Costa then recalled a case of tremor which he had seen rapidly influenced by hyoscyamine, the active principle of *hyoscyamus niger*. He concluded to try it here. He ordered him to take $\frac{1}{80}$ grain to begin with, a decided dose for a boy of his age; but not finding any marked influence, he concluded that it would be advisable to increase the dose to $\frac{1}{40}$ grain, given three times a day. Now the effect was admirable. From the first few days the boy began to improve, and at this time he had some dryness of the throat, and wanted his mouth frequently moistened. He soon became brighter in his mind; he took more interest in what was going on; he moved voluntarily in bed, and tried to help himself to food. His voice also returned, and he left his bed and began walking around the ward. After this his recovery was rapid and uninterrupted. He has had no other treatment than the hyoscyamine, and he has now so much improved, though he is still somewhat pale, that he may be looked upon as having recovered. He can sit quietly; he has power over his hands, both in co-ordination and in grasp, although his grasp is still a little feeble. He walks and stands now without falling. His pupils are dilated, although not much.

The systolic apex-murmur persists: it is a chronic mitral regurgitant murmur. In every other respect the boy is nearly well.

Dr. Da Costa then referred to one or two points of clinical interest in connection with this case: first, some points which have nothing to do with the treatment; and, secondly, some which bear upon the treatment.

In the first place, this attack of chorea was clearly of rheumatic origin. It came on at the end of an attack of acute rheumatism. It is true that the boy was previously feeble and ill nourished, and that he was regarded as a nervous child; but the association of chorea with rheumatism is too close a one for us to regard it here as a mere coincidence. You can generally trace, in a case of chorea, a strong rheumatic element, either inherited or acquired. In this form, before the patient has left his bed or his attack of rheumatism is clearly over, the chorea is manifested, which makes the connection still closer. Now, it has been thought that there is an embolic process at work in the smaller blood vessels of the motor centres in the brain

and spinal cord; small vegetations which are formed upon the valves are washed into the arteries supplying the motor tracts, especially the corpora striata, and the subsequent disturbances of nutrition give rise to the irregular, unco-ordinated muscular movements. This is a plausible and ingenious theory; yet it is hardly sufficient to account for all the features of the disease. There must be some want of stability of the motor centres, independent of the coarse lesions resulting from embolism, the evidence of the existence of which, moreover, is not complete, and which is certainly not constant.

In the case reported there was no voluntary control over the muscles, and at the same time the mind seemed to suffer: he was almost an idiot. When admitted, his temperature was $98\frac{1}{4}^{\circ}$; therefore the attack of rheumatism was over, and these symptoms were not due to a fresh outburst of the rheumatic affection. The want of power in these muscles must also be taken into consideration, as showing a close relation between chorea and paralysis.

Now, coming to the question of treatment, the influence of the hyoscyamine, which was suggested by analogy from the treatment of tremor, was here strikingly manifest. The dose was increased from $\frac{1}{100}$ to $\frac{1}{80}$ grain, without any bad effects; but when he was taking this quantity he complained of some dryness of the throat, although it never was so severe as to require us to reduce the dose again. It was finally discontinued two days ago. Now he is perfectly steady, and can control his movements; his tongue is clean, and he has a good color; he is gaining flesh; indeed, he may be considered as well.

Did the hyoscyamine produce the striking effect, or did the rest in the hospital do it? That rest is good in all and can cure many cases of chorea is admitted; but the improvement here was too sudden—coming on in three or four days—and too great to be attributed entirely to the good nursing and the food which he received since he was admitted. It is claimed that hyoscyamine is a valuable antispasmodic and exercises a remarkable control over muscular movements; also, that with the control of the movements the condition of the muscles is improved and all the functions increased. Even the blood has improved; for, though he is still anæmic, he is not so much so as he was. Within a week after beginning the treatment he was out of bed and walking around, but not so well as at present.

What shall be given further? Will not the condition remain? Not necessarily; for all the irregular muscular movements have ceased. He can take, however, for his anæmia the elixir of the pyrophosphate of iron, a drachm three times a day, and stop the hyoscyamine as having accomplished its purpose.

A Case of Asthma Successfully Treated with Hypodermic Injections of Arsenic.

A man, aged thirty, suffering repeatedly with attacks of asthma, was treated for some time with various remedies, among them the hypodermic injection of morphia, but without relief. Finally, Fowler's solution of arsenic, in 10-minim doses, was injected under the skin with excellent success. After twelve injections, the attack ceased, and the general health of the patient improved remarkably. A few months after apparent recovery, a recurrence took place, when two injections relieved him completely. These injections caused no unpleasant symptoms, and locally produced nothing worse than most any other injections, slight indurations, which disappeared after a few hours. After the first two injections the patient complained of some pain in the leg of the injected side, which lasted but a very short time.—*Medical Central Zeitung*.

The Bromides.

I have given Peacock's Bromides a *thorough test*, and am pleased to state that after an experience of twenty-five years I have never found any remedy which acts so surely as this preparation does. I am sure that in the near future, especially in the treatment of the brain and nerves, it is destined to take the place of the older preparations, to the benefit of both physician and patient.—FRED. B. WOOD, M. D.

I used Peacock's Bromides in a case of meningitis, when everything else had failed, and the result was splendid, the child recovering under *it alone*.—G. T. VANCLEVE, M. D.

For Impotence.

Dr. Bartholow highly recommends the following pill, in impotence: *R.* Ext. cannabis ind., gr. x.; ext. ergot aq., ℥ij.; ext. nucis vom., gr. x. M. Ft. pil xx. Sig. One night and morning.—*Col. and Clin. Record*.

EDITORIAL.

The American Medical Association.

The American Medical Association (Allopathic) met in convention, at St. Louis, on Tuesday, May 4th, and continued in session, holding daily meetings and seances, till Friday following. In point of number the meeting was a success; and there was plenty of talent on hand, too, but it was carefully reserved on the one hand, or recklessly displayed before noisy, inattentive spectators on the other. While there was material enough to make up an interesting and instructive convention, we must say (and we were there) that the time was woefully wasted, and nobody very much benefited. The local committees did all in their power to entertain the delegates, but they seemed to attach more importance to the details of receptions, excursions, entertainment, etc., than to the actual, scientific, practical work of the convention. We could never see the propriety of trying to convert an educational or scientific gathering into a lawn party, a hop, or a wine supper. We can have these at any place and at any time, if we want them; and when we travel hundreds or thousands of miles to learn something from the experience of our brother practitioners, or to "blow off" something ourselves, we don't want the programme turned on us. We hope our friends at Atlanta will look more to the business interests of the convention than to the social and sporting tastes of a few funny folks that always visit these meetings.

The American Medical College.

With this issue of the Journal the American Medical College sends out its Annual Announcement, and we hope our readers will give it a careful perusal. Some new features are presented and advantages offered that should be appreciated by all who contemplate pursuing the study of medicine. A long college year affords the Faculty ample time to cover the whole ground twice in the same year, finishing the first half year in January, when the whole course of lectures will be duplicated, finishing the second half year in

June. This is really a double session, each half year counting as one full session, and any twenty weeks, consecutively taken, will include one session, and embrace every lecture in one full session, no matter when the twenty weeks commence or close, for what is missed in the first will be included in the second half of the year. Read the Announcement carefully, and for further information write to the Dean, who will cheerfully reply to any questions presented.

BOOK NOTICES.

LECTURES ON SYPHILIS. Delivered at the Chicago College of Physicians and Surgeons.—By G. Frank Lydston, M. D. Published by A. M. Wood & Co., 104 Madison street, Chicago. Pp. 188, cloth binding.

This is a very practical, reliable work, and those desiring to know more about syphilis should procure a copy of this book.

A COMPEND OF PHARMACY.—By T. E. Stewart, M. D., Ph. G. Pp. 196, cloth binding. Price \$1.00, Published by P. Blakiston, Son & Co., Phila., Pa.

DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD.—By Louis Starr, M. D. Pp. 585, cloth binding. Price not marked.

This is a very instructive book, and one that we can recommend to all our readers.

THE PRINCIPLES AND PRACTICE OF SURGERY.—By Frank Hastings Hamilton, A. M., M. D., LL.D. Third edition, revised and corrected, and illustrated with 472 engravings on wood. One vol., 989 pages, cloth binding. Published by Wm. Wood & Co., New York. Price \$7.00

This is a fine work, and we cheerfully recommend it to every student and practitioner interested in surgery. Hamilton is one of the leading surgeons of America, and what he says or writes is taken as authority everywhere. Our libraries are hardly complete without this work.

DISEASES OF THE SPINAL CORD.—By Byron Bramwell, M. D., F. R. C. P. (Edin.), Lecturer on the Principles and Practice of Medicine, and on Medical Diagnosis, in the Extra Academical School of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary, etc. Illustrated by fifty-two full-page lithographic plates, in colors, and many fine wood engravings—being Vol. I. of Wood's Library for 1866. New York: Wm. Wood & Company.

INSANITY AND ITS TREATMENT. Lectures on the Treatment, Medical and Legal, of Insane Patients.—By G. Fielding Blandford, M. D. (Oxon.), F. R. C. P. in London; late Lecturer on Psychological Medicine at the School of St. George's Hospital, London. Third edition. To which is added **TYPES OF INSANITY**, an Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allan McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for the Insane. Illustrated by ten plates from photographs of cases selected as types, with descriptive text—being Vol. II. of Wood's Library for 1886. New York: William Wood & Co.

DISEASES OF THE CIRCULATORY AND RESPIRATORY APPARATUS. Illustrated by 103 fine wood engravings—being Vol. I. of the Handbook of Practical Medicine.—By Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. In four vols.—being Vol. III. of Wood's Library for 1886. New York: Wm. Wood & Co.

THE GENUINE WORKS OF HIPPOCRATES. Translated from the Greek, with a Preliminary Discourse and Annotations.—By Francis Adams, LL.D., Surgeon. In two vols. Vol. I.—being Vol. IV. of Wood's Library for 1886. New York: Wm. Wood & Co.

Write to Wm. Wood & Co., and they will send you the price of their magnificent library for 1886. They give you more good reading matter for the same money than any other publishing house in the country. All these books are first-class, and are written by good experienced men.

THE STUDENT'S MANUAL OF VENEREAL DISEASES.—By Berkeley Hill, M. D., and Arthur Cooke, M. D., joint editors—revised. Pp. 132, cloth binding. Price \$1.00. Published by P. Blakiston & Co., Phila., Pa.

THE COMING FREEMAN, OR JUSTICE AND EQUALITY TO ALL.—By John King, M. D., Cincinnati, Ohio. Pp. 144, paper cover. Price 50 cents.

This is a book written and published in the interests of humanity generally, and the Knights of Labor in particular. The Knights of Labor should appreciate it. The author is an educated, experienced man, and when he engages on the right side of any question he is a giant in favor of the people.

EPITOME OF DISEASES OF THE SKIN.—By Louis Dering, M. D. Published by J. B. Lippincott & Co., Phila. Pp. 130, cloth binding. Price 60 cents.

Very convenient and useful.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Embracing the entire range of Scientific and Practical Medicine and Allied Science, by various writers; illustrated by chromo lithographs and wood engravings.—Edited by Albert H. Buck, M. D. Vol. II. William Wood and Co., New York.

This is Vol. II. of this valuable Reference Handbook, and contains a mine of valuable information. Pp. 814, cloth binding. Price \$6.00 per volume. It is exceedingly cheap. For full description write the publishers, who will cheerfully give a detailed description of the work, etc.

MISCELLANEOUS PARAGRAPHS.

Delegates to the National Eclectic Medical Association.

Following is a list of the delegates appointed to represent Missouri in the National Eclectic Medical Association, which meets at Atlanta, Ga., June 16th, 1886, at 10 o'clock A. M. of that day:

Dr. Chas. H. Baurichter, 1318 N. Eleventh St., St. Louis, Mo.;
Dr. W. L. Taylor, Green Castle, Mo.; Dr. T. H. Hunt, McFall,

Mo.; Dr. G. A. Rowe, 310 N. Eleventh St., St. Louis, Mo.; Dr. Otto F. Voigt, Farley, Mo.; Dr. A. H. Vordick, St. Louis, Mo.; Dr. H. L. Henderson, Plattsburg, Mo.; Dr. E. J. Williamson, 805 N. Ninth St., St. Louis, Mo.; Dr. G. W. Sellers, Mt. Moriah, Mo.; Dr. N. P. Norton, Hamilton, Mo.; Dr. J. H. Snyder, Cameron, Mo.; Dr. F. N. Burgin, Lorraine, Mo.; Dr. A. D. Clark, Knoxville, Mo.; Dr. M. M. Hamlin, Gray's Summit, Mo.; Dr. A. H. Chaffee, Breckenridge, Mo.

It is earnestly desired to have a full delegation go from Missouri. Arrangements have been completed to return all delegates for one-third fare; and it is believed that if we can procure a full and large representation from the West, the fare from St. Louis will be still further reduced.

Would be pleased to have each delegate correspond with me, stating whether he will attend; and in case there are those who can *not* attend, the Executive Committee may appoint alternates.

Come, brethren, don't say that ugly thing, "I can't go." But say, "Yes; I'll meet you at the Union Depot in St. Louis, Monday, June 14th, 1886, at 7 P. M., grip in hand, bound for the National."

We mean to go.

M. M. HAMLIN, M. D.,

Sec'y Eclectic Medical Society of Missouri.

Etiquette of Consultations.

The *British Medical Journal* says: "Nothing conduces so much to absence of friction in the matter of consultation as a competent knowledge of the proper etiquette which has been handed down to us as the fruit of centuries of careful observation. It is not, therefore, a useless task to attempt to define the rules of this etiquette, so that both the ordinary practitioner and the consultant may be made cognizant of the proper course to pursue, in order that the dignity of all the parties concerned may receive the attention it deserves. In the first place, the ordinary medical attendant should invariably lead the way, and enter first into the sick chamber; and this is a rule that, for obvious reasons, should admit of no relaxation. When the interview with the patient comes to an end, the consultant should leave the room first, and the medical attendant should be the last to leave the room. Where there are several consultants, they should enter the room as stated above, but in the

order in which they have been called into the case; the converse holding good for the exit. No communication, direct or indirect, by word of mouth or by letter, should ever take place between the consultant or consultants and the friends of the patient or the patient himself, except through the intermediary of their ordinary medical attendant; and any breach of this rule should lay the consultant open to the most serious remonstrance. The prescription should be written by the medical attendant, who, as a matter of courtesy, should precede his own initials by those of the consultant. This, however, should be done by the medical attendant himself, and not by the consultant. If these rules are duly observed, especially in the country, much of the soreness and disagreeable feeling, now too common, would be obviated, and the foundation laid for more cordial relations between the consultant and his brethren in general practice."

Ho, for Atlanta!

Delegates to the National Eclectic Medical Association, etc., paying full fare, and taking receipts for the same, will receive return tickets at Atlanta for one-third rate, upon presenting the receipts countersigned by the Secretary of the Association.

The following companies have agreed to the foregoing stipulation: Missouri Pacific R. R.; St. Louis, Iron Mountain & Southern Ry. (exclusive of points in Texas); Kansas City, Fort Scott & Gulf Ry.; Kansas City, Clinton & Springfield Ry.; Kansas City, Springfield & Memphis R. R.; also all lines represented by the Southern Passenger Committee.

Blank certificates will be furnished, on application, by the Secretary, Dr. A. Wilder, Newark, N. J.

The Best Vehicle for Quinine Administered to Children.

Dr. Keener says (*New England Med. Monthly*): "Until the syrup of yerba santa was put upon the market I had great trouble in finding a suitable vehicle for the exhibition of quinine to children. While the licorice and the ulmus preparations and the tannic acid formula were measurably useful, they were inadequate, when large doses were given, or when the quinine was to be used for a considerable time. I depended on its use per orem till the stomach had

"become intolerant to a solution of quinine in water and sulphuric acid, and then resorted to its use per enema. My experience with the syrup of yerba santa is such as to warrant me in saying that it deserves the confidence of the profession as a menstruum whereby the sulphate of quinine can not only be rendered tasteless, but absolutely palatable. Five grains of quinine is rendered tasteless in one drachm of the syrup." It is prepared by Parke, Davis & Co.

Tennessee Eclectics.

It is suggested by several Tennessee Eclectic physicians to meet in Nashville, at the Union Depot, June 15th P. M., in time to leave on the 7 : 30 train for Atlanta, to attend the National Association, which meets June 16th.

Will you come, and bring others? Special rates have been secured over all trunk lines of railway throughout the South. All who wish to attend, apply by letter to Dr. W. M. Durham, Chairman of Local Committee of Arrangements, Atlanta, Ga., for blank forms to secure reduced rates.

W. H. HULBERT, M. D.

Legal Testimony Depraved by Alcoholic Influences.—By T. L. WRIGHT, M. D., BELLEFONTAINE, OHIO.

The accuracy of the mental apprehension of facts depends very much upon the more or less complete consciousness of the mind when the facts were under observation.

In complete anæsthesia there is entire unconsciousness; because, there being no sensibility, there can be no perceptions offered or received.

In every subordinate *degree* of anæsthesia there must be a corresponding degree of imperfection in the perceptive-function.

When the nervous system is in a condition of partial anæsthesia, such as always supervenes during the alcoholic impression, the knowledge of facts is infallibly darkened, and in several ways:

First, the insensibility of the nervous system causes the facts to be presented in a clouded manner. Events are enveloped in a mental haze, which renders all conceptions of them undefined, and often very incorrect. When the sense of vision is obscured by conditions exterior to the body, as, for instance, by a foggy atmosphere, the appearances are materially changed with respect to the actual

situation of the surrounding objects. Not only are outlines indistinct and deceptive, but objects appear to be placed in relative positions with regard to each other, and to the observer, such as greatly misinform the judgment as to the real facts. Not infrequently, also, objects appear wonderfully misshapen and of monstrous proportions.

If, then, the incapacity of a single sense dependent upon external causes, well known and appreciated at the time, so greatly imposes upon the mind, it cannot be otherwise than that the incapacity of the whole nervous system through alcoholic anæsthesia should prove radically misleading in a vast number of particulars.

Again, the facts presented to the unstable or wavering attention in a condition of alcoholism are liable, through defective sensibility, to appear in *parts* only—that is, fragmentary, and of necessity lacking in that completeness and unity of character that is essential to a truthful appreciation of them.

But the mind under the sway of alcoholic anæsthesia is unconscious of its infirmities. The toxic power of alcohol, operating wholly from within, gives no appreciable sign of its impostures. There is no corrective to misinformation, as there may be in the case of enveloping mists deceiving the eye—that is, through the coöperative and conservative action of the several senses. On the contrary, the avenues to knowledge in alcoholism are all obstructed, and the senses operate in unison to betray.

The consequence is that the convictions of the mind under anæsthetic influences are like mental convictions in brain disease. They are not fully amenable to the modifying influences of ordinary comparison and evidence. Like the delusions of the insane, they become imperative and unalterable.

And thus it happens that the sober and conscientious witness will testify to the truth of events which were largely illusions of the perceptions in intoxication, and which, moreover, give rise to delusions of the understanding when sober. In no respect, however, is the power of alcohol in weakening judicial testimony more aggressively prominent than in its invariable interference with the usual methods assumed by the mind to measure the passage of *time*.

In criminal jurisprudence it is well known that the effects of alcohol very often enter as prime factors, not only as to principals,

but also as to witnesses. But in all criminal investigations the "time when" of an event becomes as important a consideration as the "place where;" so that when crime is under investigation the *time* of an occurrence is generally one of the decisive points in question.

There must be a normal and customary succession of events—or, perhaps, it might be said, a succession of perceptions—applied to the conscious mind, in order to appropriately arrive at a true conception of the actual passage of time. The mind, at stated intervals, must come, through the perceptive faculties, into immediate relationship with the world exterior to it, or the idea of time will be surprisingly erroneous. No matter if ideas are fixed or slow, no matter if they are swift or maniacal, there is no idea of the flight of time without this periodical return of the conscious mind to the material world—to the "things of time and sense."

But in alcoholism anæsthesia prevents the regular and normal operations of the perceptive faculties. Nothing more astonishes an intoxicated man than to give him the true time.

How then can a witness, be he ever so honest, testify as to the time of an event observed by him while in a state of inebriation? He may say he informed himself respecting the time "soon" after the occurrence in question; but how can he know how long a period that "soon" occupied?

Alcohol is antagonistic to the right perception of facts, and, of course, also to accurate testimony respecting facts observed under alcoholic impressions. It mystifies facts, it distorts truth, and it annihilates time.

In all judicial proceedings of great moment, when stupendous interests in property, or liberty or life are at stake, the testimony of witnesses respecting facts observed while in a state of intoxication should be viewed with the utmost suspicion.—*Quarterly Journal of Inebriety*.

The Treatment of Cholera Infantum.

Dr. W. Byford Ryan closes an article in *Indiana Medical Journal* as follows:

The causes which lead to this deplorable state are, in my opinion—

1. The enervating influence of excessive heat, producing, as in Asiatic cholera, spasm of the peripheral arterioles.

2. Hyperemia of the gastro-intestinal apparatus, produced (*a*) by chilly nights following excessively warm days, and (*b*) by the reflux of blood from the emptying of the surface capillaries.

3. The vulnerability of the gastro-intestinal viscera in the young generally, and especially in those whose digestive organs are enfeebled by premature weaning or by improper food.

Spasm of the arterioles, or what amounts to the same, paralysis of the trophic nerves, produces peripheral anemia. The congestive influence of chilly nights, added to the emptying of superficial vessels, favors engorgement of the internal vascular system. The atonic condition of the digestive organs, made more vulnerable by premature weaning or improper food, also invites the fugitive blood. Atonic vessels long distended permit the rapid endosmosis of the serum of the blood. Hence, vomiting, diarrhoea, serous ejecta, anemia, excess of fibrin and solids in the blood, and the coagulability of the blood itself, thrombi and emboli, the plugging of cerebral vessels; hence, death—if, indeed, death do not claim his victim previous to the formation and lodgment of a clot.

If this view of the causes and pathology of cholera infantum be correct, the rational treatment must necessarily be in direct antagonism to the dictum of Hahnemann, and in full accord with its antipode, *contraria contrariis*, which is—

(*a.*) To restore the blood supply to the surface, thereby relieving measurably the visceral engorgement.

(*b.*) To establish and maintain capillary action of the entire economy, thus arresting extravasation of serum with all its attendant evils.

(*c.*) To give tone to the muscular and mucous coats of the bowel.

(*d.*) To supply proper nutriment.

These are the indications. Can they be satisfactorily met?

Having come to the conclusions satisfactory to myself as to the ætiology of infantile cholera, I cast about me for rational means with which to combat existing conditions.

We find peripheral anemia; belladonna is the most potential means for flushing the superficial capillaries.

We find the vascular system of the intestines and stomach engorged and sievelike, permitting liquor sanguinis to escape into the lumen of the viscus; belladonna produces dryness of mucous membranes.

We find extreme irritability of stomach and intestines, giving rise to vomiting and excessive diarrhoea; belladonna produces partial anæsthesia of these mucous surfaces and promptly relieves this condition.

We find progressive anemia, produced by endosmosis of serum; belladonna arrests the waste immediately.

Finally, basing the assertion upon actual experiment by myself and those upon whom I have, with the earnestness of positive conviction, pressed the importance of its administration, I can safely say that belladonna will, in every case, arrest both the vomiting and the diarrhoea at once, and that no child sick of this dread summer complaint, who has a fair constitution, need be lost if it have this treatment, combined with and followed by such tonic measures and nourishment as will suggest themselves to any intelligent physician.

Minute doses of *nux vomica* and arsenic I regard almost as essential as tonic treatment. I refrain from suggesting formulæ, but can not close my remarks without protesting against the use of mercurials in a disorder where there is no lack of bile secretion, and where the blood is being rapidly broken down without the help of agents which produce that effect.

Supra-Pubic Aspiration for Retention of Urine.

Dr. W. McChesney, of Wauconda, Ill., reports the case of a man, aged 67, who suffered from stricture, the result of a gonorrhoea contracted some twenty years ago. On attempting to pass water, on the evening of June 5th, he was unable to do so, and getting no relief in the morning, sent for the writer. Repeated efforts were made to pass Nos. 6, 8 and 10 gum catheter, but without success; examination per rectum revealed the presence of a greatly enlarged prostate. Before proceeding to puncture, which operation was considered inevitable, the writer called in consultation Dr. Galloway, of Libertyville, who suggested the administration of chloroform and another attempt at catheterization before puncturing. This was tried without success, and the bladder was then punctured above the pubes with a small trocar, about three pints of dark-colored urine being removed.

The canula was retained in position by means of threads attached to strips of adhesive plaster. "I considered this preferable to re-

peated tapping with the trocar, as I could see no prospect, immediate at least, for the relief of the retention through the urethra. During the next two weeks the bladder was washed out twice daily with a solution of Squibb's boric acid, two drachms to the pint. This sufficed to keep the organ in a healthy condition, as far as could be judged by the appearance of the urine. I attempted to pass a catheter every other day, but found it impossible to do so. In the meantime the opening into the bladder occupied by the canula had enlarged sufficiently to allow of the introduction of a small drainage-tube, which greatly facilitated the process of irrigation.

"Acting upon the advice of Dr. Muffas, of Wheeling, who saw the patient with me, I now gave large doses of potassium iodide, but as the drug was not tolerated by the stomach, it was soon discontinued. After repeated trials of the catheter, with every variety of curve, I discharged my patient. I saw him last week, and he is as well as usual. Irrigation with the boric acid solution every other day keeps the urine clear."—*Med. Record.*

The Louisville Eclectic Medical Association

LOUISVILLE, KY., May 21, 1886.

PROF. GEO. C. PITZER, M. D.

Dear Doctor:—I send you the following as a matter of news:

Pursuant to a call from the Executive Committee, the independent physicians of the following cities (Louisville, New Albany and Jeffersonville), embracing practitioners from the Eclectic and Homœopathic systems of medicine, convened in this city May 6th, and organized "The Louisville Eclectic Medical Association," with the following officers: Dr. T. Timerick, president; Dr. John Loomis, vice-president; Dr. D. A. Loomis, secretary; Dr. P. P. Price, treas. The attendance was full, and much enthusiasm was manifested. A Board of Censors was appointed, and a full quota of delegates selected to attend the National Eclectic Medical Convention, which meets June 16, 17 and 18, at Atlanta, Ga.

D. A. LOOMIS, Sec'y,

The Effects of a Heavy Dose of Salicylate of Sodium.

We have a number of times referred to the untoward effects produced by salicylate of sodium when given in large doses, and Dr. Julian J. Chisholm, in the *Maryland Med. Journ.*, January 30, 1886,

is able to confirm the experience of others in this respect. He states that he has been employing the salicylate of sodium for the treatment and relief of painful attacks of neuritis, whether specific or rheumatic in nature, and he has found that it will subdue pain and remove congestions of the eye-tissues more rapidly than any other remedy he has tried. In a dose of from 25 to 30 grains, given every four hours, the beneficial effects are often magical. Patients who could not sleep on account of pain in the eye, notwithstanding leeching and the local use of atropine and the administration of iodide of potassium and mercury with opium, have obtained complete relief before a half-dozen doses of sodium powders have been taken. The eye-pain and eye-congestions vanish, and convalescence seems to be very well established after a few doses of the salicylate. When, however, the remedy is pushed for any length of time, it sometimes produces headache very similar to that produced by quinine, possibly even in a more severe degree. Recently, however, through the mistake of a druggist for reading 4 drachms as 4 ounces, a patient received in one powder 192 grains of the salt instead of 24 grains which were ordered. Very shortly after taking the first powder his head felt full and his ears commenced to buzz. He became weak, was nauseated, and had to go to bed. At six o'clock four hours after taking the dose, diarrhoea set in, and one hour later he vomited. The night was passed in such miserable wretchedness that a second powder was not administered. The next day the brother of the patient came to explain to Dr. Chisholm the effects which the powder had produced, and brought him one of them for examination. He reported the patient now relieved of nausea and diarrhoea, but too weak to get out of bed. The eye no longer gave him pain. He did not know at what time relief came, as his other more pressing annoyances were all-absorbing. He got out and to my office in three days after the dose was taken. All pain and injection of the eye had disappeared. The cloudy vision had nearly gone, and no further eye treatment seemed necessary. The case is instructive in many ways, and offers comfort to many practitioners who prescribe ʒj doses of the salicylate of sodium with hesitation, fearing bad effects from what they believe to be so large a dose. This dose of 192 grains, dissolved in a half-tumbler of water, had caused diarrhoea before vomiting, which did not take place until five-

hours after the medicine had been administered. We might, therefore, fairly believe that after five hours not much of the drug remained in the stomach to be ejected, and that the effects produced represent the degree of depression which so large a dose can occasion. The symptoms could not have been alarming, as it was not thought necessary to call for advice till the next day, when only a general debility remained.

The Tendon-Reflexes and the Reaction of Degeneration.

Remak (*Archiv f. Psych.*) has studied the relationship that exists between the tendon-reflexes and the reaction of degeneration, with a view to aiding the differential diagnosis of amyotrophic paralysis of spinal, and peripheral origin, respectively. He summarises his results in the following conclusions:

1. Exaggeration of the tendon-reflexes (more especially the phenomenon of ankleclonus), with partial reaction of degeneration, has only been observed in cases of amyotrophic lateral sclerosis.

2. A normal condition of the tendon-reflexes with well marked partial reaction of degeneration has only been observed in atrophic spinal paralysis, poliomyelitis anterior.

3. Absence of the tendon-reflex occurs (*a*) with abolished excitability of the nerves, in all severe cases of amyotrophic flaccid paralysis, whether of spinal (poliomyelitic) or peripheral (neuritic) origin—and where there is resolution, the tendon-reflexes are still absent long after the galvano-muscular reaction of degeneration has disappeared; (*b*) in the lighter cases of primary peripheral degenerative neuritis of mixed nerves, in which perhaps there is no paralysis; (*c*) in cases of absolute peripheral paralysis (e. g. from compression), even though there is no reaction of degeneration.—*Med. Rev.*

Electricity in Nervous Disease.

This peculiar manifestation of nervous exhaustion may assume one of several types. Attempts at classification of morbid fears have been made by some authors, such as fear of lightning, of places, man and society, solitude, accident, etc., and special names have been applied by them to each of these types. Fears of this kind may be present without any other manifestation of mental impairment. They are usually uncontrollable, in spite of the fact that the patient may

exhibit a knowledge that they are groundless and absurd. They seem to take full possession of a being, and to cause mental torture of an extreme kind.

Finally, melancholia is not an infrequent symptom of neurasthenia. It may be accompanied by paroxysms of laughing, weeping, and hysterical phenomena.

Now, in the treatment of neurasthenia, electricity is one of our most effective agents. After the exciting cause has been discovered and the possibility of its continuance removed, we may safely begin the use of electricity with the brightest prospect of a radical cure. General faradization, central galvanization, and the use of franklinism are particularly of service. *Of the latter I can speak in the highest terms. Neurasthenic patients often feel its beneficial effects immediately. It should be applied daily by the insulation method, the electric wind, or the static spark, as the circumstances of the case seem to indicate.*—Prof. A. L. Ramsey, M. D., *New York Medical Jour.*

Nymphomania.

Prof. Parvin recommends the local application of muriate of cocaine to the clitoris and vagina for nymphomania. He reports cases with very satisfactory results.

So far as the local hyperesthesia is concerned, the remedy seems to be indicated, and if sufficiently long continued, might be curative. Attention should, however, be constantly given to the general disturbance of the nervous, moral and physical systems.—*Med. Rev.*

Brown-Sequard's Mixture for Epilepsy.


Take of iodide of potassium, 8 parts; bromide of potassium, 8 parts; bromide of ammonium, 4 parts; bicarbonate of potassium, 5 parts; infusion of calumba, 360 parts. Dissolve. A teaspoonful before each of the three principal meals, and three dessert-spoonfuls on going to bed. The solution should be given diluted in idiopathic epilepsy.

If the pulse of the patient is feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of calumba there are substituted 60 parts tincture of calumba and 270 parts distilled water.

Method of Inducing Labor.

Prof. Tibone suggests a modification of the method of Krause, which is, as is known, the introduction of an ordinary sound into the uterus, leaving it there until labor is established. Tibone's method is as follows: After taking all antiseptic precautions, the cervix is brought into view by means of a speculum and then a special kind of sound is introduced. The author prefers the plain English bougie, No. 10 or 12. The bougie is held a moment in a warm mercurial solution and is gradually softened; it is then introduced into the cervix, and slowly and gradually pushed up until it has entirely disappeared inside the womb. There is then placed upon the mouth of the womb a large tampon of cotton soaked in an antiseptic solution; the patient may then get up and keep about until the appearance of labor. This method is perhaps a trifle slow, but it is sure, and on account of the softness of the instrument used there is no exposure to violent rupture of the membranes or to serious injury to the placenta. The author has used this method repeatedly and always with satisfaction.—*L'Union Medicale.*

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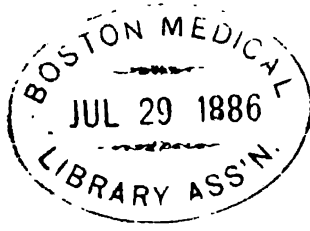
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THE
AMERICAN MEDICAL JOURNAL.

VOL. XIV.

JULY, 1886.

No. 7.

ORIGINAL COMMUNICATIONS.

ART. XXI.—Establishing a Practice Under Difficulties.—By W. S. BAIN, M. D.

In the spring of 1880 I located at this place (Caddo Mills, Texas). I was then a first-course student, and hailed from the medical department of the University of Tennessee. I arrived in the town of Greenville Feb. 28th, 1880. My first business was to look up the Board of Medical Examiners, which then consisted of the following gentlemen: Drs. W. D. Sayles, Ger and Snow. Drs. Ger and Sayles did the examining. As I was a total stranger to the above named gentlemen, I did not expect anything but a rigid examination. My expectations were fully verified. (This Board's pleasant demeanor goes far towards removing the student's embarrassments.) After the examination I repaired to the county clerk's office, and had my certificate recorded—paid \$15.00, the special tax; then came on to this place. Here I rented a little log cabin and settled down, and awaited my first call. For the space of five days I had nothing else to do but to catch on to passing events. During this brief period of time I learned that there were several regulars and irregulars in the community, of both sexes. I was not long in ascertaining the fact that it was congenial to their natures to speak of me in such a way as to make a wrong impression on the minds of the people. There was one old fellow who had the lead of the practice in this country, and whom I shall style as

Mountebank No. 1. Now this Dr. Mountebank No. 1 interrogated a lady that I had happened to get acquainted with, in a taunting way, and wanted to know if she had seen the new Dr., and if I had received any calls. She answered him by stating that she had met me, but did not think I had received any professional calls. At this news Mountebank No. 1 laughed heartily, and said some one ought to send for me, as a new broom sweeps clean. (How true his words were verified in his own case, for the new broom swept him out of practice).

On Sunday, March the 5th, 1880, Mountebank No. 2 called at my little log cabin, and stated that Mr. S. had sent for me to see his child, at the same time he took from his saddle-bags (his saddle-bags were his pants pockets) a 1-oz. bottle of pure nitric acid, which he assured me, in a professional way, he had been using for some time past in its full strength in the child's mouth. On questioning him as to the trouble in the child's mouth, he stated that he was treating it for ulceration of the mouth. Well, I mounted my horse, and off I galloped to see my first patient. On arriving I found a room crowded with people of both sexes, whether to see the patient or the much talked of new M. D. I have never been able to learn. On examining the child's mouth I found the anterior of the inferior maxillary eaten out in an ugly gap, measuring about two inches. Two teeth on each side of the gap were black as coal, and hanging loose in the gums—these four teeth I removed. The patient's bowels tympanitic and having on an average about eight or ten actions in the twenty-four hours; the tongue showed the destructive action of the caustic—red, dry and full of sores; the stomach swollen and tender, the food passing off undigested; thirst intense; skin dry and hanging loose on the bones; temperature, $103\frac{1}{2}^{\circ}$; pulse, 120° . Now to a young M. D. visiting his first patient the case looked gloomy, and, to make bad matters worse, Mountebank No. 2 had let the patient swallow some of the caustic, how much I could not tell. At times the actions from the bowels were of black substance, showing that the actions contained blood, and from its dark color I decided that it was from the stomach. Well, as there was to be something done to relieve the patient, or it would certainly die in a few days, I cleared the ulcer of all foulness, removed two teeth on each side of the ulcer, and used as a dressing iodoform,

glycerine and sub. nit. bismuth. Internally I gave pepsin and bismuth to improve the digestion; for the fever gave aconite radix tinct., spts. nit. dulci, tinct. digitalis. Ordered quinine rubbed in morning, noon and night. To procure rest, syrup of chloral and brom. pot. The diet consisted of sweet milk. In two weeks from the time I first saw the patient it was well, with the exception of a small sore in the ulcer, which soon healed.

[TO BE CONTINUED.]

ART. XXII.—The State Control of Medical Education and Practice.

(*In the Negative.*)—BY ROMAINE J. CURTISS, M. D.

[CONTINUED FROM JUNE JOURNAL, PAGE 256.]

The Standard of Medical Education.—I will consider the subject of education, first, from the stand-point of the individual in relation to its natural and legitimate objects; and second, from the stand-point of State control, or other control of any kind that is based on a dogma, or custom, or law, and then show the relation between these methods of education and the true test of an education.

There are men in the medical as well as other professions who appear to think that there is a distinction between a business and a profession of quite distinguished character. If called upon to define each, they would probably say that a "business" is a means of handling goods and making a living by the operation; but a "profession" is something 'higher.' Perhaps the highness of the professional calling depends upon the exaltation of its mental relations, and perhaps upon the loudness of the "profession," but the gentlemen who are now called upon for a definition would never consent to define it as an occupation which, from the professors' stand-point, has for its object the gaining of a livelihood. There is a large amount of current medical literature devoted to protesting against the degradation of the profession to the level of a business. I suppose we are to infer that "gentlemen" are to have an education if not a code, and that, from any basis of human life or effort, a profession is something that cannot be defined in language.

But necessity compels me to give a definition of what an education is for, and, from the basis of what it is for, to explain what it ought to be.

I do not know of any other object of an education in any science

or art except the object of getting a living by it. There may be other intermediate objects, but all these things, and other phenomena of living things, when reduced to their simplest terms, will bring prominently into view that their object is to enable the business of getting a living to make progress in the world. This is the true estimate of an education, in relation to its object, from the standpoint of an educated person, but there is in the problem the factor of ethics and law, for the reason that educated people as well as laborers, in working for a living, also work for other people for pay.

There is no basis for estimating what an education should be, from the ethical and legal stand-points, except to say that the man who is employed to do any skilled work, either making a watch or making an amputation, should be competent to do the work successfully—other things being equal. Neither ethics nor law has business with any man further than this. But suppose these educated men, in their specialties, combine together and make a law that no new-comers will be allowed to "practice" making watches, or making amputations, until they have certain additional qualifications prescribed by all these severe customs of teaching and law? Of course the *animus* of such a measure would be "trade-unionism" and nothing better. But next must come the artificial standard of education in place of the legitimate standard, as founded on the laws of life; and, judging from efforts already made in this direction, this artificial standard would not only have all the factors of a "pretty kettle of fish," and the caldron of "devil's broth," but would embrace scraps from all superstitions, theologies, learnings, professions, trades and beliefs. One set of men would throw in the old dead and putrefactive Greek and Latin. Another set would insert that if a man can't spell "crucifix," that he should never be allowed to hang out a "sign" that he will undertake an amputation or the construction of a watch. But the severest tests are made upon the memory, not because the memory is so essential, but because the testers find this the most vulnerable point. In addition to being able to spell "crucifix," the surgeon and watch-maker should also be able to give the date of the decapitation of the European kings (I mean decapitation by a veritable guillotine), and the dates of the immolation of Fox's³ Martyrs.

It is obvious to any well regulated thinking person that any such artificial standard of education, fixed by law, is an oppressive law, and not founded on the ethical constitution. Old nations, when a child was born, had a Board of State Examiners who made an investigation. The child's rights to live by reason of being born were not considered by this Examining Board. But the Board had certain measures with which they measured, and if the infant was not up to the artificial standard, then the infant was killed as "mercifully as possible," I suppose for the good of some "profession." One of the factors of life and biology which aided the coming of the present civilization was the abolishment of such a law and custom as this was. Like everything else, the qualifications of the infant should be based upon his powers of living and getting a living. He must be able to breathe, suck, digest and void his physiological products; and, further than this, neither law, nor ethics, nor trade-unionism should have any business with the infant. Some weakly, puny infants, as measured by the gauge of the State Examiners, grow up to be the greatest men—though they may be "self-made men." These great men have succeeded in destroying all State Examiners except Medical Examining Boards of some of the States.

All things grow, other things equal, and, also, all things develop. The law now says, a new-born baby may live if he can, and no State Examiners ever call around with dogmatic measures not founded on the laws of life. The law, if other things are equal, will allow a man to begin business, as he ethically should be allowed to do, even if he has but a dollar and starts a pea-nut enterprise. The ethic and law can demand that the man should know, or have "education" enough to make a differential diagnosis between good and bad pea-nuts, but no ethical law can set up a claim that if the man is to undergo an examination relating to these material facts, that he must be kept out of the trade because he cant spell "crucifix." As all things grow and develop, the man with a dollar invested in pea-nuts may grow to be a mllionaire. He may develop also in various directions, as well as grow. He may learn the silk trade and all about silks. He may learn how to buy and sell corn and stock., and all about the social relations of supply and demand which regulate these things. He may also develop political tastes and ability, and learn the wants and trade-union ambitions, and the legitimate needs

of the people, and be a candidate of some particular social interest, good or bad, and get into the Legislature. In such a case, let us hope that if his constituents secure his vote for a higher protective tariff on pine broomsticks, that he will not sell himself to a set of trade-union doctors, who think that the profession is over crowded, and want a law that will diminish the "crowd." The success of this man depends upon one thing, which is, that he has education enough to sell his pea-nuts. Why, then, should there or could there be any other test of his qualifications? The law has no business with the man in this relation, nor has any set of men an ethical right to make a law that will prevent him from using his education in its legitimate object of getting a living and making money.

Our watch-maker and young surgeon stand upon the same basis relating to law, ethics and State Examiners, as do, from the standpoint of the laws of life, the new-born babe and the pea-nut vendor. The great differences in the education and occupations are not organic differences, but are differentiations of human education and industry. They are specialties in life and education and methods of getting a living; and from this basis there is no difference between them relating to ethics, and what should be law.

Neither should be examined as to his qualifications, because there is no test for their qualification in an examination, and there is already a sufficient test. The test is their ability to get on in life, and there is not and never will be any other test for this factor of an education. Puny infants, after the State Examiners died, grew to be the greatest men. No examiner could foresee such a result from his methods and results of an examination.

The first error of an examiner in his test of an education is, that he presumes the candidate for a professional business has acquired all the education he will ever have—that there is to be no further growth or development. He examines, therefore, relating to general (preliminary) education, and includes the fundamental sciences, and then all the special divisions. From the mental stand-point the examiner, so far as any questions or methods have been made known, tests nothing but the memory in all these objective departments. The test of the young surgeon's ability, by an examiner, is precisely like the old test for a new-born babe. The test is artificial and dogmatic. It is not a test. The examination consists in a few

questions taken at random from a text-book by the examiner, which test the candidate's memory but not his thinking faculties. It is a fact that if the student or candidate could have the same chance at the book that the examiner has, and for no longer a time, that he would be as well qualified to examine the man of the State as the said man is to examine him. But the young doctor also grows and develops. If he is a graduate of a modern medical college he is certainly crammed more or less, and is filled with special facts more or less poorly arranged. He is a new-born babe, with greater or less potential power of growth and development. Perhaps he can't spell crucifix, and may, therefore, be destroyed, but if he lives there must be growth and development. He will gain learning and money, besides earning a living. He may become a great man in some special or general line. He may found a new medical college, and endow it. The college may be able to take a boy into its front door and bury him, like a monk, for ten years among a set of endowed specialties, and turn him out a grey-haired old doctor to the delight of the whole profession, which, from its over-crowded point of view, would rather see the grey haired man once in ten years than a crowd of lively youths every spring.

But mayhap our young doctor may take a political turn in life and development. He reads, and learns, and ponders, and practices for thirty years. Medical colporteurs visit him often, and he is obliged to buy books. He becomes "educated." His mind reverts to old college days of thirty years ago, and he compares them with the books of to-day. He says: "The colleges do not teach as as they should. The books are better teachers. Colleges should be endowed. Students must be kept in college ten years. There must be a change." And then, very likely, the Legislature passes a medical law, and the grown and developed doctor becomes a member of the State Board of Examiners.

I will only say now, suppose this gentleman could, by some hocus-pocus of nature, have the privilege of examining himself as he came out of college, and suppose also that he had the privilege of examining medical science as it was thirty years ago, compared with what it is at present, what would his verdict be?

But a certain standard of education is required by all workers in all special departments for a living. The nature of the education is,

of course, subjective and objective, and there is also, considered from another view, a science and art in each of the many thousand occupations of special kind in which men are engaged. The science is a purely mental relation to the occupation, but the art includes a special training of the bodily powers in a special direction. In making a watch there is a science. And a man ought to and does know the relation of time to the motion of the wheels, and he knows it more or less, or may work by routine rules of mechanics and physics, and so construct his watch.

The man who has an ability to amputate a leg has a science and art. He understands the general anatomy of the parts, and understands the nature of the diseases and injuries which demand an amputation. With the relating details, this constitutes the necessary standard of scientific education. The factor of art must also be learned, which consists of mechanical training. A man does not inherit the use of tools, but must learn to use them, and it must be confessed that a surgeon's art is something like Mrs. Partington's advice to Isaac, which was that he should never go near the water until he had learned to swim. It was a candid confession made by the oculist, that he spoilt a peck of eyes before he could successfully extract a cataract. Any one can read who runs that the standard of education can have but one basis, and also can see that there is but one test for the standard, or for education. The standard must be such that it enables the man to do the work successfully—not as measured by any ideal standard, but as measured by comparison with other workers in the same line of profession or business, and the criterion of his ability to do the work is impossible to establish either dogmatically or from any ideal standard, or by any standard of law; but the only criterion of his ability, by which to test his ability, must be to let him work and take his biography after he has done the work. No man's education in any branch of profession or business can be tested by an examination, but the criterion of his ability must be the fact that he can make a living by it.

But this is not all. There are two more factors in the problem, the first of which is the advance of science and art in special departments, and the second is the factor of competition.

After a man gets down to work at any special line of business or profession, he finds many defects and deficiencies in the said science

and art. He also finds that many other people are engaged in his special line. Even if he is a medical specialist, he finds that others compete with him. He learns, other things being equal, that these men prosper in direct ratio to their ability, and also directly as the science and art of their specialty approach a perfect standard. There is here a competition, and the results of this competition act in two directions, first in the advance of science in this special line, and second, the "struggle" for existence; the struggle being competition between lines of business and profession of the same kind. I do not see on what ground any man can base his observations who denies that competition lies at the base of all advance in business and professional attainment, as well as the advance of science itself, in all special departments. I suppose that no law can be made by legislatures to control these things. The laws may be framed so that they diminish competition, which, as a rule, they are all calculated to do, and certainly, so far as they act, they really accomplish this result.

Suppose there are three eye specialists in a city of 100,000 people. This would probably give them a good living, and, in time, wealth. Suppose they get a law regulating a standard of education in this specialty, and put so much extraneous learning into the "standard" that other specialists are kept out. These three specialists are therefore fixed for life, and they will act in future just as all men will act under such circumstances. Competition being destroyed, they no longer have an incentive for investigation. They are certain of success, and instead of improving themselves, or improving their science and art, they degenerate. The law of natural selection is, that when the cause of a variation is removed, the species or individual having the variation will revert to the type of its ancestor by atavism. If these men now should start a college, and get each chair endowed, they would soon have the science and art of the oculist as taught and practiced way back in its development by atavism, to the stage it had under Galen. This would have to be the result, or else it is not true that atavism is the consequence of the removal of the cause of variation. Such a condition of things would certainly diminish the "overcrowding" of the profession, and there would also result much lonesomeness among the other factors in the problem of education and practice. It will probably not be

denied that the degree of excellence that has been reached by American educational institutions has not been the result of legislative enactments. The degree of excellence has been brought about by competition. It is useless for any man to compare American colleges with European, to the detriment of the former, for, taking out the factor of age, there is no comparison between them that will cause either to suffer. The comparison of the history of European and American medical practice is the only criterion by which to judge of their merits, and if this comparison will not show a creditable balance in favor of American practice, whether civil or military, and including the advance of science, then I would like to see the bill of items on the other side of the question. "By their fruits" (and not by an examination of their buds) "shall ye know them" all—both colleges and medical men, and their practice.

These general principles, which underlie social life and individual life, relating to life and the many special methods of getting a living—and mental development, education, and their objects, the relations of competition, resulting ethics and laws—are very difficult for most people to see, or comprehend, or acknowledge. The ethical faculty of many people is sadly undeveloped. Educational, governmental, and legislative institutions partake of the same undeveloped nature. There is a hoggish factor of ethics which characterizes many people, which leads to the modern designation that such a man "wants the earth." Such men generally want the earth for the sake of getting rid of the competition, or *vice versa*. They do not hesitate to try their "prentice hand" on any of God's or nature's laws, and will gravely and deliberately sit in legislative bodies and propose amendments to the laws of God and nature as they will to those of the previous legislature. All the legislation of all the blundering legislatures on earth, if carried out every winter for centuries and designed to improve the laws of gravitation, could not change the seasons or the harvest time a second, and the same rule will hold with biological laws. The history of the world is written in blood, because people have insisted that biological laws of life and getting a living should be changed. Yet all the blood has not obliterated a single statute of the fundamental "energy" which underlies these things. No legislature could change the law of gravitation without producing chaos, and when legislatures fight the law of competition which

underlies social, professional and business life, there is nothing left but to take the consequences, even if the blunders must be wiped out in blood.

From the collective basis, society must have liberty, and **must** also have competition. If there were but one **doctor** in each State, **that lonesome man would not care a fig** how little he knew, nor would he even care to be a State medical examiner—probably the very lowest type of professional ambition. A universal agreement on all points in social life would make a social death, for a universal agreement is the equilibrium of forces, and that is always death. Pasteur and Koch would never have made their brilliant discoveries if no other forces had kept them at work than a legislative enactment, and no college on earth that has been endowed and supported by law, and lifted above competition by money, and by religion and laws, has ever amounted to anything but a fossil, and as a rule the same thing must be said of its graduates; and it is true, the world over, that when colleges and men are controlled by law or dogma, that their success is measured by the degree of the relaxation of the laws or dogmas in favor of competition, based on nothing else but the laws of life and the laws of getting a living.

To understand the relations of education to liberty, to ethics, to dogmas, and to law and to competition, we must refer to the different countries which have adopted these different methods. Comparatively, in America, education is a matter of liberty and competition. Educational institutions are giving more liberty to students, and the competition between them is growing stronger every year. During the last fifteen years there has been a notable falling off in attendance at general educational colleges. The reason became known that there was too much dogma (the law of custom) and too little liberty concerning the subjects taught. Cornell College has made a notable step in advance of this position, and has taken the new position of making its curriculum elective—not elective by the faculty, but by the students. This can not be done yet in Europe. But the extreme degree of legal and dogmatic control of education is exhibited by China. In China "education" means learning the Nine Classics. These Nine Classics are nothing better than gibberish. They do not educate a man in any special method of getting a living, but they stunt his mental development, and by destroying competi-

tion, and sequent advance of science in these special occupations of life, they have prevented the intellectual development of China. In China, if a man can't repeat the Nine Classics *verbatim*, the government won't let him undertake an amputation, because the inference and dogma and law is that he is not competent. More than this, if he fails to give a *verbatim* repetition of the Classics, or misses or puts in a word, he is called a heretic and gets *High Hung* for his temerity. An "examination" has proved him incompetent. The result is, that there is plenty of competition in China in learning the Nine Classics, but there is no competition in surgery. Why don't our medical lawmakers go to China? In China the profession is not overcrowded; medicine is quackery, and surgery is murder, and science is a still-born monster, of less significance, of course, than a wooden god; and instead of filling the mails and doctors' shelves with medical literature, the Chinese cloud the air with joss paper.

The tendency of medical laws is to diminish competition in practice, on the plea of an overcrowding which does not exist; to destroy competition between colleges and doctors, which will result in the atavism of all medical science; to establish a favored class of men in medical practice, giving them government protection at the expense of new men in the profession; to make the criterion of medical ability a political and legal test, instead of an educational and ethical test.

To give a special instance of the ridiculous working of such law, I will mention that Pasteur has just been put under indictment and trial for practicing surgery without a license. The old hero of a thousand battles got acquitted, however, by the plea that he employs a legal physician to do his inoculating. What a pity that some legally qualified physician of France did not discover how to prevent anthrax, silk-worm disease, beer and wine disease, and hydrophobia! If so, what an argument it would be for medical law.

But I am aware that the professional trade-union advocate will say: "Granting that law and custom should demand no more in a man's education than that he should know the special science and art of his special profession or business, yet men will not learn the science and art unless compelled to do so by law. They will enter a trade, or business, or profession, if the law will allow them to,

without any qualifications. They will simply crowd in and crowd out qualified people—the people who are educated in the classics and other etceteras of special occupations, as well as highly educated in the science and art required for the business or occupation.”

In reply to this, it must be said that there has never been a law made, regulating education, or testing an education relating to any occupation, medicine or surgery, or anything else, which indicates that the law-makers have any intentions of testing the qualifications of a man on this basis. If a law were passed to make examinations of watch-makers, the only test would be to watch the man make a watch. If a surgeon is to be examined, the examiners should see him dress a wound, or perform an amputation. If examinations were made in this way, the law regulating it would be *prima facie* evidence, or proof, that the law-makers had no other object in making the law than to really find out if the man is qualified for his special occupation. But if the examiners do not make such tests, but establish artificial, arbitrary or dogmatic tests, and decide to let the candidate “pass” if he can spell crucifix, or reject him if he can’t, then it is evident that the object of the law-makers is to form themselves into a society for mutual “protection,” and to prevent competition in their particular line. Medical laws as they exist, and as they are carried out, are nothing better than the proof which impeaches the honesty of motive and the ethical character of the law-makers. Admitting that these men are honest, then they are mistaken. Most any man, in these lively days of intellectual competition, would rather be named a rascal than fool, but our medical law-makers are welcome to either horn of this dilemma.

From the ethical stand-point, with a due allowance of brains, the indictment against them must certainly include the charge of the most arrant trade-unionism designed to prevent competition.

No one will deny that there are incompetent men in all professions, as well as in all other occupations. This is a law of nature, and no law or art can change it, nor can any test but the biography of a man prove it or disprove it. The written biography of such men as Gross, Sims, and many others, tells us of their great ability, but says nothing about their passing a State Board; certainly, then, no board prevented them from development and growth or caused

them, though Gross once said that if medical colleges had required a preliminary education or examination when he entered college, that he couldn't have entered.

[TO BE CONTINUED.]

ABSTRACTS.

Incipient Locomotor Ataxia.—BY PROF. ROBERTS BARTHOLOW, M. D.

The first case which I bring before you to-day, gentlemen, possesses very great interest from a diagnostic standpoint. You will not infrequently be confronted with such cases, and it is of the utmost importance that you should be able to recognize them, for your only hope of relieving the patient will rest upon a correct appreciation of the condition. There are some very fine points involved in the diagnosis, and we will consider them together. We have presented to us a man apparently robust and vigorous, who is in the prime of life, and who comes to us to be relieved of a derangement of his sexual organs. At first, he tells us that he was troubled by an unnatural excitability of these organs; he had a great and unusual desire for sexual intercourse, and his organs and power seemed to be in good condition, save only for his hyper-excitability. This condition was followed by a decline in this passion, when he found himself unable to have an erection, he was troubled by nocturnal emissions, and there was a growing inability to satisfy the demands that existed. On the least exertion he would have a discharge of semen. Such is the complexus of symptoms which he offers to our observation, and I need not tell you that such a condition has caused him much anxiety, for there are few things that will so worry a man as to have anything wrong with his sexual apparatus. A man in his condition suffers morally in his character, for he soon acquires the reputation of possessing inordinate sexual desire, and if he gratifies it he is apt to secure a somewhat bad moral character. When a man of good physique, and apparently robust, exhibits an excessive sexual desire, his neighbors are very apt to calumniate his moral character, which is an additional reason why you should be on the alert to detect the true nature of the trouble. Well, now,

when a man, in vigorous health, to all appearances, comes to you complaining that he has been troubled by hyper-excitability, followed by a decline in power of the sexual organs, what would you most naturally expect to be the matter with him? Well, if you were to consider the condition of the sexual organs as they present themselves to you, without looking any further, you would be apt to say the man was suffering from spermatorrhoea. But it will not do to thus make a snap diagnosis, for, since such a condition may be due to other and much more serious causes, you should look further and see whether it is not due to some disorder of the nervous system. Well, what disease of the nervous system might give rise to such phenomena? We are all familiar with the fact that this abnormal condition belongs to the early history of locomotor ataxia, the very first indication of which may be, in some cases, this increased excitability of the nervous system. Well, now, have we, in this case, any other symptoms of that peculiar malady? One of the very early symptoms, as you know, is a loss of the patella-tendon-reflex; so I at once proceed to look into the condition of the knee-jerk in this case, and I find that when I make a very strong stroke I elicit a very feeble response; it is very feeble and only produced when the leg is held in one particular position. Therefore, I say, that while the knee-jerk is not entirely absent, yet it is disappearing. Well, having elicited this important sign, we ask are there any further evidences of locomotor ataxia?

We now inquire more critically into this history, and we find that, although he is a vigorous man, in his prime, about forty years of age, he has some trouble with his eyes; he has amblyopia, and he has been compelled to wear glasses that ought ordinarily only to be used by a much older man. In this fact we see also a symptom that is peculiar to the early stage of locomotor ataxia; he has also probably at times had double vision. This condition of the eyes I would impress upon you as of great importance, for you will be very apt to erroneously attribute it to the unusual decay of age, and thus overlook its importance as a diagnostic sign that will enable you to recognize this terrible disease in its incipency, when you can hope to do some good for your patient. Of course, taken by itself, it amounts to nothing, but when the power of vision is affected in connection with this disorder of the sexual system, and there is diminu-

tion or loss of the knee-jerk, then it is a very pregnant symptom, and one that may serve equally to aid you in arriving at a conclusion in what would be otherwise a very obscure case. It is just such a case as this one that will tax you greatly when you get out into practice.

It seems comparatively simple, when you hear me unfold the case before you, but when you are compelled to rely on yourself solely, when you have no one to consult, and when, under such circumstances, a man comes to you offering only a few obscure symptoms, each one of which might belong to any one of several diseases, you will find yourself non-plused unless you remember these little points, and unless you cultivate the habit of considering the complexus of symptoms, the relative importance of each as associated with the others, as well as the significance of each individual symptom.

Now, also, one of the earliest symptoms of locomotor ataxia, and one that very frequently is erroneously viewed, thus leading to a misconception of the trouble which afflicts the patient, is the occurrence of muscular pains, lightning-like in character. They occur in the initial stage, as I have said, are shooting, and are usually noted in the extremities. There is frequently associated with this pain a sense of constriction in the part, a binding feeling, like pressure, and it is very usual for this condition to be mistaken for rheumatism. It might last for years, and the patient telling you that he was rheumatic, and you accepting his say so without further investigation, might suppose the pain to be due to rheumatism or neuritis, when in reality it was due to a commencing locomotor ataxia. We make inquiry about this symptom in this case, and find that it is wanting. The man says that he occasionally has some pain in his back and some uneasiness about his limbs, but no marked shooting pains. The absence of this sign tends to negative the idea of locomotor ataxia, but it is not proof positive that the disease does not exist; while it is most usually present, yet it is not always so. As the disease progresses, we will have anæsthesia of the sole of the foot and disorder of muscular motion, but these characteristic symptoms have not yet become manifest in this case. It is still in the first stage, and the history which the man gives us, as well as the signs which we are able to elicit, correspond very clearly with the history of the early stage of locomotor ataxia in every particular save that of

the absence of muscular pain, which I must admit is a strongly negative sign. In the course of some months, it may be a year or two, according to the rapidity with which the disease progresses, we will have the knee-jerk completely abolished, we will most likely have the muscular pain and the other characteristic symptoms. Well, now, then, we have to do with a case in its incipency, when the symptoms referable to the sexual system are marked; later these symptoms will be wanting.

Having a case thus early in the disease, what can we do for it? I would call this a favorable case for treatment; the man is in good condition, the morbid process has but just commenced, and altogether I would feel that we had good reason to hope that we may be able to cure or at least to check the progress of the disease. It is of the utmost importance that these patients should rigidly and persistently carry out our instructions for a long time; it will be idle to attempt to relieve such a case by spasmodic or intermittent medication; the effort must be earnest and prolonged or it will be useless. This fact should be earnestly impressed upon the patient, for, as a rule, when prolonged treatment is necessary in any case, it becomes irksome and the patient rebels against it and will not persevere, save in very exceptional instances. However, if you explain the necessity of perseverance, if you tell the patient that you can do him no good unless he strictly follows your directions, then you have placed the responsibility of failure where it rightly belongs, and your conscience will be clear. Premising, then, that persistent treatment alone can be expected to do any good, we ask what drugs are calculated to be beneficial in such cases; what group of drugs are indicated in the initial stage of locomotor ataxia? What are known as the metallic tonics, so to speak, are the drugs that we will derive the most from.

Prominently among this class I would place nitrate of silver, which, when persistently used, is eminently calculated to cure, or, as I have said, at least to control the progress of the disease. So I would also mention chloride of gold and sodium, which I would think at least as efficacious as nitrate of silver, if not more so. Now, a very important question in the therapeutics of the disease arises. You are probably aware that syphilis is a very common cause of locomotor ataxia; indeed, some authorities go so far as to

say that the disease is always caused by syphilis. This question has been much debated, and it would seem, as some suppose, that while the disease is not directly caused by syphilis, yet it is, so to speak, evolved from it, if you catch my meaning. That is to say, that while locomotor ataxia is not a symptom of active, acute syphilis, yet the specific affection may cause such changes in the nervous system as to favor the development of the disease, so that while the disease, to repeat, may not be the direct result of it, it is yet induced or favored by syphilis, which must be recognized as a potent factor in very many cases of the disease. Therefore, we must, of course, perceive that this question will have an important bearing on our therapeutics. If we know that there be a specific taint, and especially if the disease be of recent date, it is obvious that we would resort to iodide of potassium. In this case we can get no direct history of syphilis that would cause us to assign to it a causative influence, but I would say, in general terms, that when you suspect the existence of a specific influence, it would be good therapeutics to use the iodide of potassium.

In this case, as we have no reason to suspect syphilis, I will order the nitrate of silver in pill form. You know that this drug has the property of accumulating in the system when used for a long time, and producing very unpleasant results thereby, among which I might prominently mention the characteristic discoloration of the skin; yet, that it may do good, it must be used for a long time; hence, I will give you some directions, by the observance of which its use may be long continued, without any deleterious effects. The patient should take it continuously for six weeks and then suspend its use, being then thoroughly purged, and other measures resorted to in order that the accumulated drug may be removed from his body by means of the excretory organs. After an interval of two weeks he should recommence the drug, continue it again for six weeks, suspend it, eliminate it as before, and so on. By thus cautiously handling the drug, its use may be persisted in for so long even as two years, but do not forget that all this caution is imperatively needed. Have we, then, anything else that will do good? Yes. The electric brush has been highly lauded by some authorities, and I am quite well satisfied that its use will be frequently productive of very good results. The electric brush means the

application of faradism to the whole surface of the body; the patient may stand with his feet on a metal plate and the poles be applied to every portion of the surface of the body from the top of his head to the soles of his feet; it must be thus thoroughly applied or it will do no good. Some authorities claim that they have succeeded in arresting the disease in very many cases by the use of the electric brush alone, without any other remedies. Whether this is really true or not I am not prepared to positively state, though a comparatively small amount of positive evidence in this, as in any other direction, will outweigh a much greater amount of negative evidence, and I am quite sure that its effects are sufficiently good to warrant us in giving it a very thorough trial in every case that we have to treat.

Electricity is a remarkable remedy in all disordered conditions of the nervous system, and it is a remedy the great importance of which I fear has not hitherto been properly appreciated. The field of its applicability is a very vast one, and I am quite sure that in the near future we will see it in much more common use in general practice than it is at present. Now, how shall we use the electricity in this case? It is a very common mistake that is made by the general practitioner who has not an intimate acquaintance with this valuable therapeutic resource, to use it in too strong quantities, and thus, instead of doing good, he really injures his patient. I would lay down the rule that it should be used in such quantity only as will produce a pleasant sensation, an agreeable titillation. The very strong current, as I have said, and I repeat it, because you should remember it, will prove injurious, while, if you use the weak current, affecting only the skin, that is, directly acting on only the skin, and not producing pain, but only pleasant feelings, and if you keep this application up, you will surely do good. Well, now, what else will we do?

The electric brush and the nitrate of silver will be our mainstays; with them we will hope to do the most, but we will, of course, have some collateral indications to take into account. Of these I would consider the first and most important to be rest. Some authorities say that the patient should be kept in bed for a month or more at a time. While I say they should have rest, yet I believe in a certain amount of exercise, but we must be very careful that this is not carried to a point of fatigue, for then it will prove very injurious.

I would say that when we get hold of a case early in its course, we can do a great deal to ameliorate its severity by rest alone. As I said, a few minutes ago, about electricity, so I would say of rest, it is a therapeutic resource of wonderful potency, one that is not properly appreciated by the profession, and one that I am quite sure will be more generally resorted to when its importance is rightly appreciated than it is to-day.

But we can hope for but little from rest unless we pay attention at the same time to the patient's diet. We would make a great mistake, as you can plainly see, if we were to allow the patient to consume his equal quantity and quality of food, that which he was accustomed to take when leading an active life, and yet at the same time keep him on his back in bed; we would soon derange his stomach and his assimilative functions, we would soon overload his system with unnecessary aliment, and would thus, evidently, do more harm than good. We well know that if a man leads a sedentary life, and does not regulate his diet in accordance therewith, he will suffer in consequence. Nature's law regulating the supply can not be infringed with impunity. Therefore, when we enjoin rest, we must caution the man to be very careful not to eat to excess, and indeed the diet must be materially reduced. From each individual case we must draw the indications for the kind of restriction we will impose upon the diet. If the patient suffers from indigestion at all, we must inquire into his nature and expel from the dietary the offending articles. Thus, if he has acid indigestion, we must exclude the fats, which, by fermentation, generate butyric acid; and so on, for each class of foods, we must study the special indications that each case presents.

Thus, you see, in conclusion, that it has been from an aggregation of small, and many of them apparently irrelevant symptoms, that we have reached the conclusion that this man is suffering from incipient locomotor ataxia, and it is from a combination of apparently small methods, such as diet and exercise and rest, combined with the electricity and silver, that we hope to benefit him.—*Peoria Medical Monthly*.

Prof. Bartholow advises the use of naphtholine, two to three grains, in pill form, for stomach fermentation.

The Treatment of Nasal and Naso-pharyngeal Catarrh.

Dr. J. Solis-Cohen (*New York Med. Journ.*, April 3, 1886) believes that the two great principles in the treatment of naso-pharyngeal catarrh are to keep the parts clean, so as to let them have a chance to get well by themselves, and to take care of the patient's general health; and he believes that this plan will give quite as satisfactory results as when boring, cutting, snaring, and electric cauterization are practised.

The plan he has long used for getting at concealed parts for the purpose of cleansing them, and for the purpose of making any local application that may be necessary, is to take a small piece of compressed sponge, cut it very thin, moisten it, and place it between the septum and the turbinated bones. The patient sits awhile with this sponge in position, so that, by compression as it imbibes moisture, it is possible to reduce the swelling of the tissues, and thus get a considerable passage for further manipulation. Through the passage thus gained he then uses compressed laminaria tubes, the same kind as are used for dilating the neck of the uterus. These are employed for the purpose of exercising as equable compression on the parts as possible, on exactly the same principle that one exercises pressure by bandaging. They are first to be softened in water, and then to be flattened from side to side, so that they shall become adapted to the shape of the passages. Of course, the size is to be regulated in accordance with the size of the passage. The tent or tube is then allowed to dry after having been flattened, and of course it becomes much smaller. When it is desired to use the tube, after having made a little start in dilating the passage with the compressed sponge (or, in suitable cases, without using the compressed sponge), the tube is greased well with cosmoline, inserted into the passage with the string outside, so that it cannot get loose, and the patient allowed to wear it for an hour or so, according to circumstances. Every half-hour the patient moves the tube a little, and this testing is continued until there is some difficulty in the removal, and then it is withdrawn entirely. It is necessary for this to be done promptly, because these tubes swell up so behind the compressed parts, if left too long, that there may be a great deal of difficulty in removing them, and so much unnecessary pain be produced. Therefore, just so soon as there is any difficulty in removing them, they have to be

taken out. This manipulation is repeated from day to day, and just as soon as the patient has learned it, as he readily does, he does it daily at home. After the first two or three times this compression goes on a great deal better, and then with the sprays, douches, washes, or what not, the parts are cleansed, and, if necessary, other applications made to the surfaces as may seem proper. In the treatment of naso-pharyngeal catarrh where there is a good deal of secretion, the syringing is done partly through the nose and partly through the mouth. Dr. Cohen thinks usually you can wash those parts as well through the nose as through the mouth. But the great point is the cleansing of the parts from the secretions and keeping them clean, for the same reason that one would keep the teeth clean. It sometimes consumes a great deal of time. He has often, in the first interview with the patient, occupied an hour in getting the parts cleansed. The parts must be examined from time to time anteriorly and posteriorly to make sure they are cleansed. Once thoroughly cleansed, the treatment consists in keeping them clean. He has had patients who have told him their malady was of forty to forty-five years, standing, and who have been relieved and have remained relieved for a number of years. Of course exacerbations take place. —*Ther. Gaz.*

The Uses of Cimicifuga Racemosa.—By PROF. JOHN KING, M. D.

The following is a concise statement of the therapeutic value of black-cohosh root, as determined in my practice, and when its employment was not alternated or combined with other medicines. I have prescribed this agent since 1842, at which time, as far as I am aware, very few practitioners had any knowledge of it as a medicine. A saturated tincture has always been, and is still preferred, prepared with stronger alcohol; and next to this, the alcoholic extract.

These preparations, when administered internally, lessen the action of the heart and arteries, diminish nervous irritability, and remove abnormal conditions of muscular tissues, as well as of certain glandular organs, while at the same time a mild narcotic influence is experienced in numerous instances. In inflammatory rheumatism, when given in the first attack, the tincture has not only removed the disease, but has likewise appeared to so change the rheumatic tendency, that a second attack is seldom to be anticipated; to effect

this the tincture should be administered in doses from 10 to 60 minims, repeated every two hours until the patient's head becomes affected, after which the intervals between the doses should be sufficiently increased so as to continue to keep up this action upon the brain for several days, or until the disease has completely disappeared. In chronic rheumatism it has proved useful, diminishing the severity of the pain, and lessening the duration of the disease, but nothing more unless in combination with other agents.

In conjunctivitis and scleritis, in doses from 10 to 60 minims, repeated every hour or two, it has effected a complete recovery in a few days. It has also been attended with excellent results in relieving the more active symptoms attending the early syphilis, in which disease a further investigation of its action is highly desirable, as well as catarrhal affections of the respiratory organs.

In chorea this is the principal agent upon which I have relied for the last fifty years, preferring, however, in this malady the alcoholic extract. Without entering into particulars, it may be stated that this agent has been successfully employed in neuralgic affections, in uterine leucorrhœa attending endometritis, as well as congestion of the uterus, also in those affections of the female reproductive organs in which the menstrual function becomes deranged, as manifested by amenorrhœa, menorrhagia, frigidity, sterility, etc.

It is an ecboic, as several instances are known in which the tincture, having been taken every three hours by pregnant women, effected the desired abortion; it undoubtedly exerts a very positive influence upon the generative organs of women. As an accelerator of labor, in cases of uterine inertia, the tincture or the powdered root proves a substitute to ergot, in the majority of cases arousing the uterus to contractions more nearly resembling the normal ones, and without any risk to the foetus, or impairment of uterine sensibility to its influence upon subsequent administration; though with ergot and similar agents it occasionally fails in its actions. Immediately subsequent to a protracted or severe labor, the tincture will allay any nervous excitement that may be present, will relieve severe after-pains, and will favor uterine involution. In subinvolution of the uterus, accompanied by menorrhagia, the tincture or the extract will be found an efficient remedy.

When the tincture is exhibited in sufficient doses to keep up a

slight effect upon the brain, it proves a very remarkable remedy in certain forms of malarial disease, also in neuralgia. Gastric acidity undoubtedly interferes with its remedial action in all instances. The root is said to contain tannin, but no decidedly astringent effect has been observed from its use.

Although a large dose is given herein, yet it must be remarked that some care and watchfulness is necessary in its administration, as I have met with several instances in which two or three drops of the tincture, repeated every hour, after a few hours occasioned symptoms closely resembling those of delirium tremens; indeed, in one case, the administration of but one drop was invariably followed by these symptoms, and its further employment had to be omitted. Black cohosh is one of the most peculiar agents met with in the vegetable kingdom; it appears to exert a remedial influence upon both the serous and mucous tissues of the system when in abnormal conditions, and consequently has proven a superior remedy in numerous chronic diseases.

The specific tincture of the root, as prepared by Messrs. Lloyd Brothers, appears to have nearly, if not quite, all the remedial influences of the saturated tincture, more especially in rheumatic and neuralgic affections, and in abnormal conditions of the principle organs of reproduction in the female. The fluid extract and the infusion of the root are less active in effecting the therapeutical influences just described; however they will be found more especially beneficial in small-pox and other exanthema, both as a prophylactic and a remedy. It will simply be remarked here, that in alternation or combination with other medicines, not only is the usefulness of black cohosh increased but its field of operation is greatly enlarged.

The resin of cimicifuga, improperly called "cimicifugin," was first prepared by myself in 1835; then, having subsequently tested its therapeutical virtues for about ten years, I called the attention of practitioners to it; but it did not come into general use until about 1850. The resin does not appear to possess exactly the same properties as the tincture, its narcotic influence being less decided. Alone, I have found this resin very efficacious in maladies of the female reproductive organs, as in chronic ovaritis, endometritis; menstrual derangements, as amenorrhœa, dysmenorrhœa and men-

orrhagia, frigidity, sterility, threatened abortion, uterine subinvolution, and to relieve severe after-pains. In alternation or combination with other medicines it has exerted efficacious results not necessary to mention here. Other practitioners have related its employment in nervous, rheumatic and gastric affections, with much benefit, as well as in certain acute maladies.

The dose of the saturated tincture of black cohosh varies according to its effect upon the patient, from one minim to sixty minims, to be repeated three or more times per day; of the specific tincture, from one minim to ten minims, repeated every two or three hours; of the alcoholic extract, from $\frac{1}{4}$ to one grain; of the resin, from $\frac{1}{2}$ of a grain to three, and even six grains, three times a day; of the powdered root, from ten to sixty grains, as may be required.—*Drugs and Medicines of North America.*

The Removal of Superfluous Hair by Electrolysis.—By JAS. A. BLACK, M. D.

A report of the following case will be of special interest to all those who read the article on the "Removal of Superfluous Hair by Electrolysis" in the March number of the *Therapeutic Gazette*.

The method which I employed was, with some modifications, the same as that given in that article. Instead of placing the sponge electrode (+) in the patient's hand, I applied it at the nape of the neck, and kept it there constantly, while the electrode needle-holder (—) had an attachment, by means of which I could make or break the current at any moment. I was thus enabled to get along with fewer cells and without loss of time. The pain caused was of no consequence whatever. The needle used was a plain steel sewing-needle of fine quality.

Mrs. W. had for the last ten years been annoyed by a strong growth of hair about her chin and upper lip. She had tried all conceivable remedies, with the result of only increasing the growth through the stimulation thus produced, so that when she came to me for relief she had a beard that would have done justice to a man.

It at first appeared almost hopeless; but, as she was so very anxious to have the growth removed, I determined to undertake the case.

The estimated number of hairs to be removed was fifteen hun-

dred to two thousand, but I soon found that my estimate was too small, the number far exceeding two thousand.

At the first meeting I took out about one hundred hairs, with an average allowance of ten seconds for each hair, and immediately afterwards washed that part with a weak solution of acetic acid, so as to neutralize the alkaline effect of the products of the (—) electrode.

On her return to the office the next day, I found the reaction so very slight that I ventured to take out over three hundred hairs at one sitting with equally good results. The following days I even exceeded this number, so that in nine sittings every objectionable hair on her face was removed.

In not one instance did I apply the needle twice to the same hair, and always applied it to fifty or more before I stopped to extract them, which is very quickly done, the hairs after the electrolysis being perfectly loose.

After a lapse of about six weeks I found a return of about three per cent., which, after similar treatment, were also completely destroyed, so that now, after seven months, the face of the lady is in excellent condition.

A Note on Lewinin, the New Local Anæsthetic.

In the editorial columns of the *Philadelphia Medical News* of February 13, 1886, there is given a brief account of the physiological properties of a semi-fluid resin obtained from the root of *Piper methysticum*.

In the method employed in obtaining it (extraction by petroleum-ether) two resinous bodies are obtained, the resin of lesser density only being efficient. To this body, Lewin, its discoverer, applies it in his original communication, the rather cumbrous title of "Alpha Kawa Resin," for which I have ventured to substitute the name *lewinin*, as above.

Although I have not been able to obtain, in my experiments with the extract in question, results as marked as those presented by Lewin, several points of clinical interest have arisen, which will, I think, be of interest.

When the semi-fluid *lewinin* is placed upon the tongue, there is a momentary burning sensation with increased salivary secretion,

followed by a local numbness, which, while extremely superficial, is recognizable for more than an hour. Some pallor of the mucous membrane at the point of application is noticeable. I have several times swallowed about five grains of the extract thus placed upon my tongue without appreciable results other than those noted.

Lewinin is too painfully irritating to apply in practice to the human conjunctiva, but it is my belief that, by the previous application of cocaine, the lewinin in solution could be instilled into the conjunctival sac, and produce its characteristic effect of prolonged local anæsthesia before the more temporary effect of the former drug has passed off.

The extract will probably be of service in the dental practice, as its application certainly mitigates the discomfort of operations on the teeth of those suffering from sensitive dentine.

The most marked practical benefit, however, to be expected from the use of the drug is in cases where only a relatively superficial anæsthesia is desirable. Thus, as would have been expected, the drug is of value in rhinological practice.

Dr. Harrison Allen, to whom I handed a fifty per cent. alcoholic solution of lewinin, kindly reports that, in practice, he has found a number of cases of nasal trouble in which the drug could not only be availably substituted for cocaine, but in which its action was more satisfactory.

The extract just discussed was prepared for me something over a month ago by Mr. Llewellyn, of this city, and was, I believe, the first specimen of the drug produced in this country.

Treatment of Fistula.

A number of weeks ago a lady about 30 years of age, unmarried, of a perhaps somewhat strumous habit, presented herself for advice in regard to a sore over the lower end of the backbone, which had existed for several years despite the various kinds of treatment to which it had been subjected. It had, she said, originated in the formation of a "boil," which was at the time lanced and its contents evacuated. Since that time, however, it had continued to gather and break at intervals of from one to two weeks.

On examination I found a fistulous tract, perhaps two inches or more in depth, directly over the lower end of the sacrum and

closely hugging its spines. The surrounding parts, together with the tract itself, had become thickened and hardened, and presented an opening about a quarter of an inch in diameter. It was a source of great annoyance in many ways, and the woman had submitted to all sorts of treatment nearly, without relief, until she was completely discouraged. It had been injected with iodine, carbolic acid, etc., cut open, setoned, and what not, all without avail. I had had some experience in the use of iodoform in the destruction of the peculiar property of pyogenic membrane, and concluded before resorting to anything else to give it a trial in this case. I used a uterine suppository carrier which I had at command, filled it to the depth of about an inch at a time with iodoform, and after inserting to the bottom of the fistula, with the piston pushed the powder out, and repeated the process thus until the cavity was entirely filled with the powdered iodoform.

The result has thus far been all that I could possibly have expected. The fistulous opening has been closed now for several weeks, under the influence of several repetitions of the treatment, the tissues about the seat of the disease have become more healthy in appearance and feeling, and the soreness and the tenderness have in the main subsided.

I detail the above case for the benefit of any who may have analogous conditions presented for treatment, and which have resisted other methods of management.—*Peoria Medical Monthly*.

Permanganate of Potassium in the Treatment of Amenorrhœa.

The author recently read a paper in which he first showed the importance of the subject by a reference to the sixty-nine cases reported by Ringer and Murrell, and quoted their conclusions regarding the class of cases in which the drug was useful. Since Ringer and Murrell's article appeared, the remedy had been employed by many other physicians both abroad and in America, and the results had been tolerably uniform. The author's experience had been limited to four cases, but these, taken in connection with those reported by Ringer and other authors, possessed some significance. In the first case the patient was eighteen years old, chlorotic, and suffering from malarial poisoning. For the nine months that she was under observation she menstruated only once,

and then just after the administration of permanganate of potassium. She positively refused, however, to continue the medicine, because of the gastric disturbance which it caused. The second case was that of a girl of seventeen, who had menstruated regularly until a certain exposure to the rain, when the flow became scanty and almost colorless; her health then declined, and she suffered from headache, coldness of the extremities, pallor, etc. Besides other remedies, she was given permanganate of potassium in two-grain capsules, three times a day, but they were discontinued for a time on account of gastric irritability. Before the next period, the condition of the stomach having been improved, she was able to resume the capsules, when she menstruated normally, and rapidly regained perfect health. The third case was that of a girl of about eighteen, who had menstruated regularly, but, without known cause, had ceased to menstruate, and become chlorotic and feeble. Other remedies having failed to restore the menses, permanganate of potassium succeeded. On one or two occasions, however, while the remedy was being continued, a period passed without any flow, probably because such large doses were not given as were said to be necessary in some cases. In the fourth case the patient, who was sixteen years old, had begun to menstruate a year before. The flow had appeared only four or five times, and she had palpitation and shortness of breath. She began with two two-grain capsules of permanganate of potassium three times a day, and during the night of the first day, when she had taken three capsules, the flow came on. This patient also complained, after taking the medicine, of an unnatural sensation under the upper part of the sternum.

With regard to the manner in which the remedy acted, different views were held. The author agreed with those who did not believe the beneficial effect was due to its improving the blood and anæmic state; some patients so benefitted were not anæmic, but on the contrary, were plethoric. There were also conflicting views as to whether permanganate of potassium or other forms of manganese acted as general blood restoratives. Ringer denied it; others held an affirmative view. Regarding the question whether binocide of manganese was equally efficient as an emmenagogue as permanganate of potassium, the published testimony was not abundant, but Ringer and Murrell thought it was, while Dr. T. Gaillard

Thomas considered it equally efficient and much better tolerated by the stomach.

Regarding the method of administration, it had been seen that permanganate of potassium often produced severe gastric disturbance, and some preparations were more likely to produce this result than others. The author preferred to give it in capsules. Its use should be begun a week before the expected menstruation, and, if it acted favorably, might be continued during the interval, or be suspended and resumed at a corresponding period the next month.—*New York Medical Journal*.—*Medical Analectic*.

A Case of Chronic Cystitis.—By T. ROBENS, M. D.

In October last, a lady, fifty years of age, called at my office for advice. I found that she had been suffering from chronic cystitis for the past three years. At times her urine would pass involuntarily, accompanied by severe pains, soreness, and scalding. Sometimes she would be able to retain it for half an hour, and occasionally an hour—never for a longer time. She had been troubled this way for over three years, in spite of the efforts of her family physician and other eminent medical practitioners to relieve her of the unpleasant symptom. She had become very emaciated, and much debilitated, and she had given up all hope of ever becoming any better. I prescribed: R. Ext. staphisagriæ fl., ʒ ij.; aquæ puræ, q. s. ʒiv. M. S. One teaspoonful at meals and on retiring.

One week from the date of her visit, she communicated by letter the fact that she was entirely cured. I advised her to take the balance of the medicine, one dose a day on retiring until it was gone. When I last heard from her, she had not had any return of the disease.

Large Incised Wound and Escape of Intestines on the Floor—Replacement, Suture and Recovery—By W. J. HARRIS, M.D.

Henry Vaughan, farmer, aged 66, weight about 180 pounds, health good, was stabbed July 14, 1865. He had just risen from the breakfast-table when the wound was given. I found him, about two hours after, lying on a very dirty floor, where he fell. Skin cold, pulse very weak, and every indication of extreme collapse. The knife had entered a little below a line from the crest of the left ilium

to the umbilicus, cutting upwards and inwards for about four inches. A large mass of the small intestines, twelve to fifteen feet long (as a bystander remarked, "enough to fill a wash-tub"), was lying on the floor by his side, the bowel cut, and contents oozing into the mass. The case appeared entirely hopeless, but I had to try to do something, even for the sake of humanity. Small quantities of whiskey and laudanum were given, and hot bottles were applied to his extremities. He soon began to revive, but insisted that he should make his will before I interfered to dress his wound.

After that was done, which consumed an hour or more, I commenced my dressing. The dirt and contents of the bowels mixed through the intestines, rendering it necessary to wash them. After applying a napkin to the wound, finding a long (longitudinal as to the gut) slit ($2\frac{1}{2}$ to 3 inches) in the bowel, I stripped out all the fecal matter through the wound, and washed the bowel perfectly clean in warm water. I then put in two sutures of silk, tying those two with the knot on the inside of the bowel, and cut the knots close to the mucous surface. The last suture was tied on the outside, and the ends were left long. The bowels were then carefully returned, and the two cuts (in the bowel and in the abdominal wall) were placed in exact apposition, the ends of the lower suture being drawn out at the bottom of the abdominal wound, and well sutured. A water dressing and a cotton bandage around the abdomen were applied, and he was slid on a mattress by his side. The whiskey and laudanum were continued at short intervals. Only milk and chicken broth were given as diet.

After the fourth day, reaction being complete, the whiskey was stopped, but opium was continued regularly, to keep him still and prevent the peristaltic motion of the bowels.

On the ninth day an enema was given, which brought a good evacuation. The wound had healed the whole length by first intention, and when I drew out the lower suture, only a drop or two of pus followed it. The hole the ligature came out of was lightly touched with argenti nitras, and in a few days this was entirely well.

After reaction was entirely established, the case progressed in a satisfactory manner. There was just sufficient adhesive inflammation to unite the cut surfaces, and to throw out lymph around the wound to give strength to the union. The bowels at once became

regular, and there was not the slightest obstacle to the passage of any ingestion.

August 2d (fifteenth day), I found my patient walking about his yard, in every respect well, and he continued to go where he pleased from that time. I applied a leather pad over the wound to keep it from inside pressure. This was worn for about six months. He lived six years afterwards, attended to his usual farm work, and walked twelve miles a few days before his death. He died suddenly from an attack of apoplexy of the brain, about January, 1872.

This case happened over twenty years ago, before abdominal incisions and antiseptics had their boom. If asked why I did not use antiseptics, I reply that we had no antiseptic sprays, or iodoform gauze, and we managed to do without them. Cold water and opium are, at last, the great remedies for wounds.—*Virginia Med. Mon.*

Treatment of Acute Coryza.

Dr. S. S. Cohen, in a recent communication to the *Philadelphia Med. Times*, recommends, as a specific against acute coryza, the $\frac{1}{16}$ th part of a grain of atropia, to be repeated every four hours until there is dryness of the throat. He says that this remedy will cure nine out of ten cases of coryza if taken at the incipency of the disease. Afterwards, to relieve the unpleasant symptoms of dryness, he has given one-sixteenth of a grain of pilocarpine with good results. When cases are seen too late to use atropine with advantage, he has obtained good results from ammonium salicylate in doses of ten to fifteen grains, repeated every two hours until tinitus aurium is produced. If the patient does not object to the expense, cocaine can be used to allay the local symptoms until the medicine has had time to act.

The Treatment of Eczema Marginatum.

A writer in the *Gazette Lekarska* gives the following formula: Salicylic acid, 10 parts; ichthyol, 20 parts; alcohol, 100 parts. To be rubbed on the affected part twice a day with a stiff brush, after which the surface is to be well powdered. This treatment is said to be very effective, although mild, simple and cleanly. A case of eighteen years' standing is cited as having been cured with it in less than three weeks.—*N. Y. Med. Jour.*

EDITORIAL.

The Atlanta Meeting of The National Eclectic Medical Association.

The Sixteenth Annual Convocation of the practitioners of American Medicine and Surgery has come and gone. The meeting this year was held at Atlanta, Georgia. For the first time in the history of this association the annual meeting was held in what may be called the South. The physicians of the North and West were most agreeably surprised in finding so much thrift and enterprise in the cities and counties of our southern States. They came from the North and West, not as an invading army to conquer, but to surrender to the most potent of weapons, to a cordial welcome from their southern brethren and from the citizens of the imperial city of Georgia. It was here where once the cruel war had applied the torch and laid the city of Atlanta in waste. Nothing is now to be seen of these dreadful effects, except here and there the remaining breast-works and national cemeteries, where the white marble marks the resting place of those who died in battlefield. Most beautiful residences of modern architecture are now reared, and the busy wheels of life go on and on.

Taken as a whole, no previous meeting of this association has been better represented by prominent physicians from all parts of the country, and no medical body in this country shows more thrift nor more brains to the square inch, than the National Eclectic Medical.

None exhibits more conservatism and a more gentlemanly bearing. If called to offer a criticism on our National, I would say that the Atlanta meeting was a little too harmonious to be intensely interesting. Perhaps the fighting-cocks were on the roost, and perhaps something was done that may not better the association, but such things are usually self-adjusting in the end.

The address of welcome by Hon. George Hillyer, Mayor of Atlanta, was a masterly extempore effort. His speech was warm, cor-

dial, and eloquent. The sentiment was received with frequent cheers as it most beautifully harmonized with the progress that characterizes the Eclectic School of Medicine. Secretary Wilder made the response in his usual intellectual and happy style of off-hand oratory. President Piper delivered his annual address, which was replete with good things, and which if adhered to will guide the ship of State safely onward.

The delegates of the various State societies were taken before the Committee on Credentials and enrolled. Perhaps delegates were not scrutinized as closely by the Credential Committee as in former years, and as a result a few of the *expelled* well-nigh crept into membership through the intrigue of their appointment by their State societies as delegates. Among these were one Dr. Filkins, of New York State, who received the appointment of delegate from his State Society. Timely objections, however, were made in convention, and he was not allowed to pass the portals. He was ably defended by Mrs. Dr. Parks, who seemed not well pleased at the results. The State of New York did a great injustice to the Eclectics of their State in putting forward an expelled member whose professional character has been made odious by bombastic advertising. Such men cannot be respectable representatives, and any State society that commissions such men can only throw suspicion of rottenness upon themselves.

By the same kind of strategy Brother Hole, of Ohio, was again readmitted, he being a delegate from a local society that had no sanction from his State society.

We prefer to see an expelled member reinstated upon evidence of penance, and a promise to conform to the rules of the Constitution and By-laws. Hereafter, however, the By-laws will be so amended as to prohibit any expelled member from acting as delegate until after a full reinstatement of membership.

A great number of papers on a variety of subjects were read by the different sections. Section work, while it is profitable to the convention, and important to the published proceedings, has become somewhat of a burden to the association. As it is handled it tends to confuse and to interrupt the harmony of other matters; hence a resolution was adopted to dispense with sections in next year's work.

Attention was given to the importance of Eclectic physicians

being represented in the International Medical Congress, which is to meet in Washington City next year. Twenty-five delegates with twenty-five alternates were appointed. The names of the delegates and alternates are not at the writer's command, but will appear in due time and at their proper place. This is an important movement, and we expect great good to the profession in general.

The Committee on Colléges reported that they would recommend the admission of the medical department of Drake University in Des Moines, Iowa. The same was adopted. This gives an advantage to the Drake department over King College, its rival, and it is hoped will serve to settle the wrangle, as Des Moines is too small a burg to support two Eclectic schools.

Among the many notable papers read at the Convention was one by S. B. Munn, M. D., of Connecticut, on "Exanthemata." He opposed the germ theory of disease, and believes that the existence of germs must depend first on a diseased condition. The pabulum in which they thrive must be of a kind to promote their growth and development, or they die.

Dr. Milton Jay, of Chicago, gave an interesting lecture on "Lithotriety."

Dr. J. C. Bucher, of Ohio, reported a case in practice of extra-uterine pregnancy, in which case the child was born through the anus, and the mother recovered.

Dr. L. E. Russell, of Ohio, read and explained in detail "Ovarian Diseases and Ovariectomy." Some of his theories and practices demanded criticism. With the seeming abandonment of antiseptics, the stitches through abdominal walls set only one-third of an inch apart, and with a large drainage tube thrust through the vaginal cul-de-sac, which acts more as an abdominal ventilator than a drainage, no surgeon can expect much success to crown his efforts.

On the second evening of the convention the Association adjourned to *Ponce de Leon* Springs, the springs of perpetual youth, a suburban resort, and drank of its waters. A sumptuous banquet was prepared by Professor Durham and his numerous friends. A delightful lemonade caused the edibles to disappear, after which came the promenade and hop. The following extract from the *Atlanta Journal* explains itself:

"Visitors to the National Eclectic Medical Association's sessions

are favorably impressed with the morale and bearing of the female members of that body. They are dignified, earnest, intellectual and modest. They constitute an important factor in the onward march of Eclecticism, and add greatly to the influence and power of these annual gatherings, and prove the truth of the assertion of the esteemed and eloquent secretary, that 'the admission of women to the highest culture, and their recognition in every walk of life, will constitute a significant feature in the new civilization.' Our own esteemed fellow-townsmen, Dr. Durham, who is a live, progressive and patriotic member of the Association, is justly popular with the members. He has endeavored to make the sessions pleasant and profitable. This has been a labor of love to him. Hence, when members asked him to allow the use of his name for the presidency, he calmly and emphatically refused to do so."

The place of meeting next year is to be Waukesha, Wis. This is the Saratoga of the West, and, whether members of the National or not, it will be desired as a pleasure resort. The members of the National cannot only go themselves, but their pleasure-seeking friends will desire to go with them, where they can drink of the medicinal waters and bathe in the crystal and sparkling fountains.

The Electoral College reported the following officers for the ensuing year: President, L. E. Russell, Ohio; First Vice-President, T. J. Bachelder, Maine; Second Vice-President, J. N. Adkins, Texas; Third Vice-President, Mrs. H. K. Morris, Ill.; Secretary, Alexander Wilder, New Jersey; Treasurer, James Anton, Ohio.

As an auxiliary to the National, the Mutual Aid Society met in the parlors of the Kimball House, and completed its organization.

Dr. S. B. Munn, of Waterbury, Conn., the President, called the meeting to order, when the Secretary, Professor Alex. Wilder, stated the objects of the society in a few well chosen remarks. He said that the convention in Altoona, Pa., last year, decided to organize the Mutual Aid Society, for the benefit of the widows, orphans and relatives of deceased members of the Association, and when one hundred should have joined, the work of the society should go into operation. Up to last evening seventy-eight had enrolled their names, and it was earnestly desired that at least twenty-two join now, so that the society could proceed to work. These remarks he supplemented by reading the minutes of last year.

After some further discussion, the following gentlemen came forward and enrolled as members of the society: Drs. W. C. Fisher,

T. J. Batchelder, A. E. Park, Henry Ingraham, James Anton, Jos. H. Hand, Thomas Clelland, Joel T. Hammond, B. L. Yeagly, R. J. Thornton, Cornelius Heeton, J. H. Tilden, T. Reeves, S. S. Judd, R. M. Auten, Hiram G. Miller, H. B. Laphin, W. S. Glenn, H. K. Morris, J. T. McLaughlin, C. Markt and M. Barber, completing the requisite one hundred.

The following were appointed a committee to report the names of officers: J. R. Duncan, J. M. Bunn, H. K. Stratford.

The committee reported as follows: For President, Dr. S. B. Munn, Waterbury, Conn.; for Vice-President, H. K. Stratford, Chicago, Ills.; for Treasurer, Prof. James Anton, Cincinnati, Ohio; for Secretary, Prof. Alex. Wilder, Newark, N. J.; for Medical Examiner, Dr. Milton Jay, Chicago, Ills. These gentlemen were unanimously elected.

After pleasant speeches and remarks the assemblage adjourned to meet one year from now, on the night of the first day of the convention. The entire proceedings were characterized by good humor and much interest manifested. The Mutual Aid Society starts out with fine prospects on its great mission of benevolence. Y.

MISCELLANEOUS PARAGRAPHS.

Nervous Diseases.—By B. F. NICHOLLS, M. D., PHILADELPHIA, PA.

In June, 1885, my attention was called to a remedy manufactured by the Rio Chemical Co.—*Celerina*.

The first case in which I used it was a lady suffering from nervous exhaustion; she complained of constant fatigue and loss of energy. A few hours spent in any kind of exertion sent her to bed for a day, her appetite was very poor, sleep disturbed and unrefreshing. On awakening in the morning she felt exceedingly tired and unable to rise without great effort—everything attempted was a task, almost impossible to accomplish. After eating, a feeling of discomfort, attended with drowsiness, came on, making life almost intolerable. After trying all the tonics and aids to digestion, I found no improvement. *Celerina* was prescribed, two teaspoonfuls after each meal in a wine glass of sweetened water. After taking it for three days, she was very much improved—the tired feeling disappeared, she

took pleasure in her duties, and became interested in everything; her appetite improved, no more drowsy feelings after eating; sleep sweet and refreshing. She took the medicine for two months and entirely recovered.

I have prescribed it in several similar cases, with uniform success, and have found no remedy which gives such rapid and permanent relief; in fact, I have not seen a single case of nervous exhaustion which did not readily yield to *Celerina* if properly administered.

Another case in which I have given *Celerina* with marked success, are those frequent and troublesome cases of spermatorrhea occurring in young men who have been addicted to masturbation, until all nerve power seems lost. Having had a considerable number of such I have found it difficult to break up the nightly emissions, as the following case will illustrate: J. G., aged seventeen years, a book-keeper, had practiced masturbation since he was thirteen years, gave it up after a hard struggle, February, 1885—after giving up the habit he was surprised to find that emissions took place once or twice every night. He applied to me June 15th. I put him on ammonium bromide, thirty grains at bedtime; for several nights he had no emissions, but at the end of a week the emissions returned as bad as ever; I then put him on strychnia one twenty-fourth of a grain, three times a day, continued bromide at night; this treatment was continued for three weeks, with very little improvement. Phosphate of iron was then added to the strychnia; at the end of a week there was no improvement. In despair I prescribed *Celerina*, two teaspoonfuls after each meal, and two at bedtime. After taking this for one week, had only had two emissions, he improved rapidly, and by the middle of September the emissions had ceased entirely; treatment was then discontinued. The patient has had no return of his troubles since. This case is one of several which were treated with *Celerina*, with same result.

I have treated some cases of professional men. One Dr. B., a physician with a large practice, suffered from an attack of nervous dyspepsia. Eating brought on severe headache, nausea, and acute pain in the epigastrium; he complained of being always tired. When he came to me he said he had tried all the remedies for dyspepsia without any benefit. I put him on *Celerina*, two teaspoonfuls every four hours, improvement began and progressed very nicely; he is

now entirely recovered. Another case, a medical student, complained of constant fatigue, his brain felt tired, and he could not think; he said the lectures seemed to pass through his head as if it were a sieve, his sleep was disturbed and filled with horrible dreams, when he awoke his mind was confused: appetite poor; digestion bad; felt irritable and cross, and everything seemed draped in a dismal pall. When he came to me he had been taking for some time quinine, iron and strychnia, with no improvement. I prescribed Celerina, two teaspoonfuls three times a day: he is improving very fast and I think will soon be entirely restored.

From my experience with Celerina, I believe it to be a remedy that will meet the indications of all those cases where nervous prostration plays so important a part. I have used it in nervous headache, nervous dyspepsia, spermatorrhea, heart trouble, dependent on disordered nerve action, and many other troubles, dependent on an exhaustion of nerve force. And it has given a satisfaction I have found in no other remedy.—*Medical Brief.*

Partisan Medical Legislation.

A bill was introduced into both Houses of Legislature, January 2d, for creating a State Board of Medical Examiners.

It ought *never* to pass. It is not necessary; it is useless; it is opposed to public policy; it is meant to be outrageously unjust.

We had such statutes the forepart of this century, and they were repealed in 1844—a petition for that purpose, some 140 feet long, having been presented.

That is the *only* medical legislation which the people of New York ever asked for for their protection.

The arguments in behalf of any such bill are sophistic and easy to refute—except there be “money in this bill,” which is probable.

The Practice of Medicine is not in any strict analogy to that of Law; and medical examinations, we have every reason to believe, would never be held under rules and practice like those of candidates for the Bar.

In 1880 an Act is said to have been passed, providing that, when physicians have received their diplomas from medical colleges outside the State of New York, they must procure an endorsement from the Dean of some medical college in the State.

I forbear comment upon the fact that the political doctrine of "States Rights" underlies this enactment; and that it is probably in violation of Constitutional Rights.

This Act has been carried out thus far as a private measure, and not as a public act. No Homœopathist or Eclectic, graduating in another State, has been able to procure such endorsement from a Dean of any college other than one of his own School of Medicine. It is fair to presume that a State Board of Examiners, in which one faction has a controlling majority, will act just about as has been the case in other respects. Every medical Dissenter will be rejected, whether he be a scholar or a dolt. This is the purpose for which legislation is sought.

There are two analogies: One is the "Trade Unions," which seek to proscribe all workmen that do not belong to their organizations. The other analogy is the religious corporations. You well know that no Roman Catholic Examining Board would pass a priest, or even a schoolmaster, not belonging to the Church. The Episcopalians and other large denominations would do the same. It would be the height of injustice to subject the Quaker preachers, Agnostic lecturers, etc., to the decision of a Board made up of their theological rivals.

The minority party in medicine would suffer in a similar way. Proscription has always been the rule; and the Ethiopian does not change his skin.

Science has nothing whatever to do with the matter. It never seeks exclusive privilege, but only freedom and fair play. Scientific men *never* asked for medical legislation; but only the half-taught and the unskillful.

If this country is to be and remain free, and the home of free-men and patriots, all this class and partisan legislation must be stubbornly prevented.—*Alexander Wilder.*

Feeding and Starving in the Treatment of Disease.

In the *American Practitioner*, Dr. Yandell gives some interesting notes of personal experience of a severe attack of typhoid fever. For nine weeks, the author states, he was delirious, the whole of which time remained a blank except in one particular—viz., food, to which a distinct aversion was recollected. From personal

experience he states that food was often given to his detriment, and always against his inclination. Since this attack he says he has made several short fasts, in the hope of wearing out a rheumatism. On one occasion he took only three glasses of water a day for eleven days, and felt no inconvenience from the abstinence. During the last few months, the author treated five cases of typhoid practically without food—that is, without food except when called for, or when delirium was present, and then only when it was not refused. One case occurred in the person of a young man, who went seventeen days on two or three glasses of water each twenty-four hours. On the morning of the eighteenth day he had some chicken-soup, and a day or two afterwards his appetite returned, and he made a good recovery. In the other cases the abstinence was not so protracted, but food was given to none until it was acceptable, and all went through their attack with less trouble than those who were plied with food. When food is given, milk peptonized by Fairchild's process is more digestible than plain milk, and the beef peptonoids of Reed and Carnrick are usually an acceptable and easily assimilated food.—*Qr. Comp. Med. Sci.*

Purulent Bloody Urine.

Lloyd's Hydrastis is much nicer, and the flavor more pleasant, than any other preparation known to me, and it is therapeutically much better. I used it to wash out the female bladder in a case of purulent bloody urine. I used two ounces diluted, as a wash, and gave her twenty-drop doses of *Rhus aromatica*. Her husband reported in two weeks with a ten-dollar bill, and said she was well.

DR. T. C. HARRIS.

Popular Sympathy with Irregular Practitioners.

This is the burthen of a jeremiad in the April issue of the *Polyclinic*, by its editor. The unhappy scribe writes, among other things: "Far more serious, however, is the feeling, undoubtedly wide-spread even among intelligent persons, that the prosecutions instituted by regular practitioners are dictated by jealousy, and not for the public good."

Just after reading the editorial in the *Polyclinic*, our eye fell on the following in a newspaper:

"A few years ago this town had only one physician, and he not a regular. Then only a small plot answered for a cemetery. Now there are any number of regular physicians, and the graveyard is full, and the town has purchased fifty acres additional."—*San Bernardino Times*.

There is a double-distilled refinement in the above two extracts which shows exactly how odious contrasts are, and why "regulars" wish the "irregulars" should be squelched by medical legislation. There are tens of thousands of the same kind of contrasts lying loose all over these United States, to be easily brought forth any moment. Atlanta has added another big cemetery for the use of her one hundred and twenty Allopath, "regular," physicians—the old one, of one hundred acres, is already full.

The editor of the *Polyclinic*, as though anticipating by intuition and instinct the kind of answer that would be wafted back to his jeremiad, writes:

"It would perhaps be impossible to get the older States to pass laws limiting absolutely the practice to those who possess diplomas from schools of recognized standard."

The assumption that a "recognized standard" exists in the United States, or in any State, is the whole bone of contention, and surely places the Allopaths in the attitude of a trades-union sect. What sensible man claims that any "recognized standard" in religion or medicine has any existence, in law or in equity, in a liberal or progressive government?—*Georgia Eclectic Med. Jour.*

Three Cases of Inanition.—BY THEO. L. HATCH, M. D., OWATONNA, MINN.

I have recently had an interesting experience with three cases of inanition in infants, and, as weak stomachs in babies are so often the subject of the medical man's attention, have concluded to give my experience to the profession.

CASE I.—C. S., male, aged ten weeks. Was present at the birth of this child, and at birth it was a strong, hearty child; but the mother having no milk, she commenced rearing the child on cow's milk. For a time the child thrived, but the extreme hot weather of last summer was too great a tax upon its digestive powers.

At the age of ten weeks I was called to see it. The mother told

me that, three or four days previously, it had had a similar attack to the one I am about to describe, but had partially recovered from it. Upon visiting the little patient, I found it constantly crying. It presented a shrivelled, pinched, mummified appearance, such as one never forgets after having seen it once.

I sat and studied this child carefully, and concluded that the child was not crying from pain, but from hunger, and that the entire trouble was inanition from lack of assimilation. I told the mother I did not think the child would live till I could get to town, a distance of five miles, and get some food out to it. I left a placebo to appease the anxious mother, and returned to the city. I had in my office a sample package of Carnrick's Soluble Food, which had been sent me a short time previously. I also had samples from several other manufacturers, but chose Carnrick's, not because I had any more confidence in it, but because it could be prepared without using any milk.

The father took it home, and some of it was quickly prepared and given. From the first dose the child ceased crying, and commenced thriving at once, very much to my surprise and that of all who saw it.

CASES II. and III.—These may be considered as one case, being a pair of twins, born at the seventh month. I will designate them as babies Nos. 1 and 2.

When these children were born I did not expect them to live, as they were very puny and feeble. When they were six weeks old I was called to visit them, and I found them in precisely the condition of the one previously described, except that there was not the continual crying.

One of them, which I will designate as No. 1, seemed much weaker than the other, in fact, it lay in a condition of stupor most of the time.

I had a small portion of the sample package of Soluble Food left, and ordered them to be fed with it at once. They commenced recovering at once, and continued to thrive as long as the food lasted. In the meantime I had ordered the food from both St. Paul and Milwaukee, but could not obtain it in either city.

When the food I had left them was gone, and as no more of it was to be obtained, they were placed upon the use of another food.

which is in very popular use for infants, but it failed to meet the requirements, and, though the greatest of care was used in its preparation, it was but two or three days before they commenced showing signs of inanition; but this time the one designated as No. 2 failed first, dying about a week after we had suspended the use of Carnrick's Soluble Food. The other died four days later.

In the case of these two infants the changes for better and for worse were so decidedly marked that there could be no question as to the effect of the foods, and the parents, as well as myself, are convinced that could we have had the Soluble Food to continue with both children would be alive to-day.

About a month ago, C. S., case No. 1, commenced showing a return of the old condition of inanition, though what caused it I could not learn. Not having yet obtained a supply of Carnrick's Food, I prescribed the food that was substituted for it in the case of the other infants, but the child still failed.

In the meantime I had written a brother of mine in Chicago, who succeeded in obtaining some of Carnrick's Food of Fuller & Fuller.

As soon as it arrived the child was fed with it, and the patient is now (two weeks later) nearly restored to its former plump, healthy condition.

If my fellow-practitioners will try this preparation, I can assure them that they will not only be pleased with it, but will save the life of many a little patient that would otherwise be sacrificed.—*Northwestern Lancet.*

Abortive Treatment of Gonorrhœa.—By S. O. VANDERPOEL, JR.,
M. D.

Dr. Vanderpoel describes a method of aborting gonorrhœa which consists in irrigating the urethra with large quantities—two or three quarts—at each sitting of a weak solution of bichloride of mercury (1 to 40,000) and repeating the procedure three or four times a day. Seat the patient upon the edge of a chair; suspend fountain syringe about four feet above the pelvis; use a blunt glass nozzle of sufficient size to include the meatus; allow the stream to flow continuously, which it can do, and escape by the side of the nozzle; carry the fluid well back into the canal, the sensation of the patient being

the best guide for determining the depth to which it enters; cases are frequently seen which cannot continuously use irrigations as weak as 1 to 40,000, and again there are those who can bear it as strong as 1 to 20,000 without an irritation sufficient to cause its discontinuance. It would seem, then, a safe rule to begin with 1 to 40,000, and if it is well borne, producing but little irritation with a slight burning after irrigation, and no frequency in micturition, it may be continued, but if these symptoms are intensified, and should be accompanied by a blood-tinged discharge, it is best either to discontinue it for a day or two, or substitute a weaker solution, 1 to 60,000.

In eight cases the micrococci disappeared on the third to the sixth day, but after the microscope has shown the germs to be no longer present in the discharge, it is still necessary—in order to reach those germs which are in the lymph spaces of the mucous membrane—to continue the irrigations for three days, when, if the discharge has not stopped, it is advisable to use some mild astringent with the ordinary urethral syringe. A solution of nitrate of silver, gr. $\frac{1}{4}$ to $\frac{3}{4}$ j., will be found most serviceable in checking this discharge, which is caused by the irritating action of the bichloride.

The entire freedom of the patients thus far treated from the ordinary annoyances, burning and scalding, with frequent micturition, is worthy of note.—*Med. Rec.*

Bromidia.—By J. LINDSAY PORTEOUS, M. D., F. R. C. S., M. R. C. P., Ed.

Of late there has been a great influx of new drugs, some of great value, others of little or no use. Where a medical man has an extensive practice, consisting of rural and urban patients, he has ample opportunity of testing the effects of drugs, as the varieties of disease that come under his notice are great; and although his means of watching the actions of drugs are not so good as in hospital practice, yet a good deal can be done if he cares to take a little trouble to "take notes."

The following is one which has been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results:

Bromidia.—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used

in the States, called Bromidia. According to the makers, it is composed of chloral hydrate, 15 gr.; potassium bromide, 15 gr.; extract of cannabis indica, $\frac{1}{8}$ gr.; and extract of hyoscyamus, $\frac{1}{8}$ gr. I obtained some, and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after-effects of opium. The dose is \mathfrak{zss} . to \mathfrak{zj} . every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.—*Edin. Med. Jour.*

Eczema.

Eczema has been successfully treated by the red oxide of mercury. In one severe case 20 grs. red oxide, 1 dr. oxide zinc and 1 oz. cosmoline, made into an unguent, were used. In another case 15 grs. mercuric oxide, $\frac{1}{2}$ oz. zinc oint. and $\frac{1}{2}$ oz. cosmoline were combined. In both cases the benefit was marked and speedy.—*The Medical Summary.*

A New Operation for Cataract.

Surgeon-Major Geoffrey C. Hall describes in the *Indian Med. Journal*, March, 1886, a new operation for the extraction of cataract which is a sort of combination of couching and extraction, the whole idea of which is to extract the lens without disturbing the pupil. It is performed as follows: The patient being chloroformed and the speculum introduced, a large incision is made with a Von Graeffe's knife in the sclerotic about a knife and a half breadth away from the cornea, and the large MacNamara scoop is then passed in and the lens gently extracted in its capsule; atropine is then to be instilled and the eye bandaged up. The formidable part of the operation is the large size of the incision, but in Mr. Hall's experience the wound heals up very quickly without bad symptoms, although in one case he found that he had made the incision too small, and had to enlarge it with the scissors. There were no signs of iritis in any of the cases, although in two the capsule was ruptured, and in the third the incision being made too close to the cornea the iris prolapsed and had to be excised. Surgeon-Major

Hall is now having a blunt instrument made with a hook to it which will impinge upon the side of the lens, and then draw it out without pressing upon the back of the iris as the scoop does. It seems possible to insure in this operation as nearly perfect success as can be hoped for from any cataract-operation, the iris, the great bug-bear to all eye-operations, being left practically undisturbed.

Tongaline.

Have used Tongaline extensively in all forms of neuralgia and rheumatism. I find it a safe, easy and efficient remedy. In all cases of rheumatic and neuralgic pains accompanying the colds that predominate in this damp and malarial region, it seems to be a specific. I take much pleasure in recommending it to the profession.

C. W. PRINDLE, M. D.

No. 17 West Bridge St., Grand Rapids, Mich.

A Remedy for Whooping Cough.

Hammond places reliance on the following:—R. Ammon. brom., ʒj.; tr. lobelia, gtt. xx.; tr. stramonii, gtt. xx.; eucal. oil, gtt. vj.; syru^m pruni. virg., ʒj.; elise cort., ʒjss.; aquæ, ʒj. M. S.: Ten to twelve drops every four hours.—*The Medical Summary*.

Cutaneous Anodyne.

Dr. R. G. Gough (*Virginia Medical Monthly*) recommends the following as the best lotion he has ever found for itching cutaneous surfaces, whether the skin is broken or not. He has used it with marked success: R. Sodii bibarat, ʒj.; acid carbol., gtt. xv.; glycerine, ʒj. M. Sig. Apply as lotion, with camel's-hair brush, or by dropping from bottle on the itching surfaces.

For Acute Cystitis.


Brom. pot., ʒjss.; fl. ext. gelsemin, gtt. x.; fl. ext. hyoscyma, ʒij.; lithiated hydrangea (Lambert), q. s. ad. ʒ iv. M. Sig.: A dessert-spoonful every four hours. Milk and flaxseed tea as drinks.—*Kansas Medical Index*.

Fissure of the Anus.

Dr. Charles B. Kelsey of New York (*N. Y. Med. Jour.*), gives the following rules for curing fissure of the anus without operation : (1) Begin the treatment by ordering a laxative every night, so that at least two passages can be secured daily. (2) If the defecation is very painful, give an enema in the morning and secure an evacuation before making any application to the fissure. (3) Touch the fissure thoroughly each day with a solution of nitrate of silver, varying from five to fifteen grains to the ounce. Do this gently but thoroughly with a soft camel's-hair brush. (4) If this fails, try the insufflation of calomel, bismuth, or iodoform, in dry powder ; and, should these not succeed, lay a piece of very soft and fine lint in the sore and change it daily.

If this treatment is followed with delicacy and skill, I am convinced that it will seldom fail.

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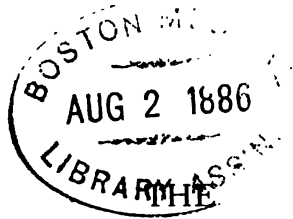
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AMERICAN MEDICAL JOURNAL.

VOL. XIV.

AUGUST, 1886.

No. 8.

ORIGINAL COMMUNICATIONS.

ART. XXIII.—A Case of Extra Uterine Pregnancy.—Delivery at the Fourth Month through the Anus.—Recovery.—By J. C. BUTCHER, M. D., URBANA, OHIO.

The comparative rarity of abdominal pregnancies, and the extreme rarity of recoveries, induce me to report a favorable case, which I met in November, 1885.

In looking over reported cases, I find that mistakes in diagnosis are so easily made, confounding abdominal pregnancy with pelvic cellulitis, ovarian cyst, normal pregnancy and pregnancy of the retroflexed uterus, together with other conditions, that the time for operative interference goes by, resulting in the death of the mother. Nature sometimes comes to the relief, however, and encapsules the foetus after its death, as in the case reported by Dr. McFrick at the National Association a year ago, in which case the foetus had been carried twelve years.

In a few recorded cases the foetus has been destroyed by electricity, after which it became encapsuled, and the mother lived.

In a case reported in the *British Medical Journal* of February, 1886, by Geo. R. Robertson, and in which the symptoms presented were similar to those in the case now under consideration, a tumor the size of an orange was discovered to the left of the uterus, but separate from it, ten weeks after the patient's last period. The case was under observation from May 29 till Aug. 14, when he operated

by perineal section, the incision being two inches in length, and an inch and a half to the left of the median line. By this procedure he was enabled to reach the floor of the sac, to the left of the vaginal wall. After making an opening with a trocar, the foetus was extracted with the fingers, and the placenta eight days afterwards by the aid of polypus forceps, irrigation meanwhile being employed through double tubes, and kept up for about a month. The wound soon healed, and the patient was discharged cured.

In statistics given by Mr. Lusk, in which laparotomy had been employed, out of thirty-one cases there were twenty-nine deaths. In secondary laparotomy, the results had been much more favorable, more than one-half recovering. Secondary laparotomy is not necessary, however, if the patient retains good health.

In the case which I am about to describe, a succession of fortunate incidents prevented the use of any of the above operative procedures. The history of the case is as follows:

Mrs. N—, aged 27; two children. Menses had always been regular, except in pregnancy. About two years previous to the present trouble she began to feel badly, pain low down in back, and general feeling of malaise, loss of appetite and scant menses, but regular and not painful. The pain in the back was worse at the menstrual period. During the last few months before pregnancy, which occurred about July, 1885, patient had become unable to attend to her usual household duties. About the 1st of July she began to have spells of difficult breathing, so much so that she would faint away; pain in back increased, so that to obtain relief was almost impossible. These symptoms were indicative of a retroflexed uterus, which after developments proved.

In August the menses were delayed two weeks, but were regular afterwards, though scanty. During this time the patient received no special treatment, except at the time of bad spells, when a physician would be in attendance for a day or two. About this time she began to feel sick at her stomach, the pain in back and bearing down increased, and later on she began to enlarge slightly on the right side, the fulness ending abruptly just above the pubic bone. The pain in right hip and thigh became excessive, and the limb dwindled considerably. Through September and October, up to delivery, she suffered with an excruciating pain in the rectum and

anus, being worse on lying down. While having been habitually constipated during the preceding two years, that trouble now became worse, the discharges being small and lumpy, and finally ribbon-like, and only obtained by injections, which indicated increased obstruction.

About the 1st of November, Dr. Moore, of Cable, O., was called in attendance. On the 6th he made a digital examination, and again on the Sunday following, but discovered nothing but a round and somewhat nodulated tumor, which filled the vagina to the walls of the pelvis, the os uteri not being felt at the time.

On making a statement of her condition her friends became alarmed, and I was invited to see the case in council, and afterwards took charge of it. Digital examination revealed the above state of affairs, with the os behind the pubic bone. The enlargement of the abdomen only simulated pregnancy of about four months' standing. The abdomen was very prominent for two inches above the pubes, the prominence ending very abruptly. By placing the patient on her side, and using Sims' speculum and a pair of vulsellum forceps, we were enabled to bring the os into view, and with a sound to explore the uterus, revealing the condition represented in Fig. 1. The cavity of the uterus, including the neck, was three inches in length, and the sound would turn readily in it, while describing a circle, the diameter of which was over an inch. The internal surface was not tender, nor was there hemorrhage of any kind. Saw the patient again on the 10th and 13th, when thorough examinations were made each time, resulting in nothing more definite. Each time we placed the patient in the knee-face position, and took turns, with the thumb or finger in the rectum, trying to dislodge the uterus from underneath the promontory of the sacrum, until the doctor and I were both wearied, but failed. The reason we used such force was that the pelvis was full, and something must be done to save the life of the patient. I now told the patient and her friends that, while the enlargement was more like an interstitial fibroid than anything else, there was a possibility of her being pregnant, and if such were the case I would use all the means I could to bring on abortion; and if she proved not pregnant, I would inject the body of the uterus with ergot, as I have done successfully in cases of fibroid. With this in view, I saw her on the 15th, the 16th

and the 18th, each time leaving a large sponge tent in the cavity of the cervix, Dr. Moore removing it after remaining eight or ten hours. The os now dilated enough to admit the finger into the cavity of the uterus, but no foetus could be felt.

Her temperature now rose to 102° , pulse 130, so we were obliged to desist making any further efforts in that direction, and use pretty active means to reduce inflammation. I was satisfied



Fig. 1.

there was no foetus in the uterus, from the direction of the cavity on exploration, and that all the growth seemed to be on the lower side of a retroverted uterus; and the slight enlargement above the pubes hardly warranted the idea of extra uterine pregnancy.

To go back a little: while Dr. Moore and I were discussing on the 15th, her pulse dropped suddenly from 84 to 60, without apparent cause, and it took the most active stimulants to keep the wheels of life moving. In a few hours she seemed somewhat better, and, not long after, blood appeared at the anus, continuing more or less till delivery on the 20th, and for some days after. On

Friday, Nov. 30th, patient's father drove to my office, a distance of ten miles, and reported that a baby was coming through the anus. In one hour I was at the bedside, my mind fully settled on extra uterine pregnancy, which was plain now. On inquiry I learned that while the patient was at stool she discovered one of the child's legs protruding from the anus, in which condition I found her. To make assurance doubly sure, I exposed the parts, and had Dr. Moore, the mother and the married sister of patient look and satisfy themselves of the fact.

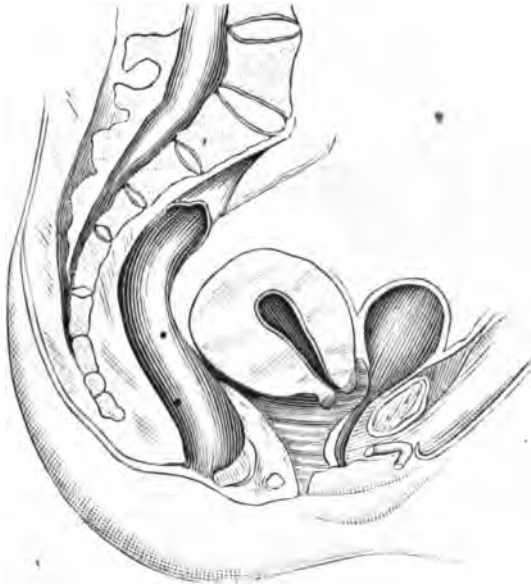


Fig. 2.

There was no discharge from either uterus or vagina, as I immediately examined both; and while Dr. Moore delivered the foetus, I kept one or two fingers in the vagina continually, and could distinctly feel the foetus through the recto-vaginal septum. While making gentle traction on the cord it broke, and I failed to get the placenta, which came away piecemeal with large, frequent and offensive fecal evacuations, mixed with blood. The patient soon felt easier, being relieved of an excruciating pain in the right hip and

rectum, from which she had suffered for some time. Hemorrhage continued for a few days and then stopped.

The treatment consisted of supportive measures, with an infusion of elm and oak-tree bark, and chlorate of potassium added sometimes. The injection seemed to do a great deal of good, for, while being very grateful and soothing, it acted as a cleanser and a disinfectant.



Fig. 3.

On Nov. 27th, her regular period, a flux resembling menses came on, and seemed to be normal, both as to quantity and character, but discharged through the anus, her vagina and uterus being at the time perfectly free from discharge of any kind. Her menses have been regular since, coming by the natural passage. I saw the patient at intervals of a few days through December, making explorations of both uterus and rectum.

About a week after delivery, on using a large anal speculum, we could feel and see the rent in the rectum through which the foetus had been expelled.

In two weeks after confinement, the uterus presented the condition represented in Fig. 2, having become smaller, and having risen up in the pelvis. In another two weeks, it was about as Fig. 3; and some time ago, upon making an examination, I found the uterus in its natural position, and the normal functions taking place.

Conclusions.—I believe it was a case of tubal pregnancy, taking place while the uterus was in a retroflexed condition; that the uterus had taken on sympathetic enlargement, pressing the foetus against the bowel, and the bowel against the sacrum; and that our strong and repeated efforts to dislodge the uterus had set up ulcerative action in the bowel, whereby the foetus had escaped into the rectum, and was delivered as above described.



Fig. 4.

The Fœtus.—The foetus was a male, weight 2 ounces avoirdupois. It measured 8 inches in length; head, 5 inches in circumference; its bi-parietal diameter, $\frac{1}{2}$ inch; occipito-mental diameter, $2\frac{1}{2}$ inches; chest, $2\frac{1}{2}$ inches in circumference; shoulders, $3\frac{1}{2}$ inches in circumference; length of trunk, $3\frac{1}{4}$ inches. Fig. 4 is a very good illustration of it.

The head was flattened from side to side, being of a disc-shape, and the face merely a ridge on the anterior surface of the disc. The nose, eyes and mouth were well marked.

The trunk was flattened from before backwards, undeveloped, and very much out of proportion with the head. The whole body was but poorly developed for that of a foetus of four months.

ART. XXIV.—The Physiological Infant; its Growth and Development.*—BY PROF. E. YOUNKIN, M. D.

An infant enters life more helpless than any other animal. It has not instinct sufficient for the first efforts essential to its being. Destitute of reason, observation and reflection, it is made to depend upon the care, direction and counsel of its mother, or nurse, in the very first steps of its life. More destitute of instinct and defence than the oyster or lobster, it cannot be left to its own guidance or guardianship. It cannot experiment with the lion or poisonous serpent without being hurt. It cannot play with fire without being burned. So imperious and universal are the laws of Nature that a single violation may cost it its life. Great responsibilities, therefore, rest upon those who have the care of children. Better would it be if a part of female education included a correct knowledge of the proper care and feeding of infants. There is no subject so grossly neglected; none in which there is greater responsibility; none where there is more prevailing ignorance; and none that is followed with greater disaster. Is it not appalling to think that one-tenth of all children die within the first month of life, and one-quarter of the human race are dead before one year of life is completed? Are these deaths the results of mere dispensations of Providence? Or, are they not due to ignorance, in relation to the laws of life, growth and comfort of the infant? To hold to the former belief may palliate conscience, but it is my opinion that multitudes of innocent babes are the victims of disease which might have been averted through an enlightened maternal care, good sanitary conditions, and by the careful administration of proper food.

In some mysterious way the Maker of infant being has determined that its growth and development should depend upon the assimilation of certain elements we call foods, and these elements have all been richly provided in the milk of the mother. Lucky be that child who is not prevented its mother's breast, for art and skill can never cope with Nature's own provision. But while it is the unbounden duty of a mother to suckle her offspring, there are occasions of constitutional incapacity, artificial surroundings, and the claims of society, through fashion and pride, that have been

* Read before the Eclectic Medical Society of St. Louis.

potent in promoting the use, if not the necessity, of artificial foods. Granting that the necessity of artificial feeding exists, with a desire still to maintain the physiological infant, we proceed to certain principles which must guide us in the maintenance of infantile life, health and development.

To these ends an infant is provided with an apparatus of *digestion*, and it should ever be borne in mind that infantile digestion differs essentially from adult digestion, and that infantile digestion is most delicate and sensitive in its powers and construction.

By digestion we mean the preparation of food into a liquid state, which is necessary for the nutritious elements to become absorbed and assimilated, and become a part of the being. In adult digestion, the first step after food is taken into the mouth is mastication and insalivation. By mastication the food is broken up, that the particles may readily yield to the digestive secretions. Insalivation consists in mixing the food with secretions of the glands of the mouth. The saliva or ptyaline is the first digestive ferment.

Now let it be borne in mind that an infant, for at least the first six months of life, has neither teeth to masticate, nor saliva to act, either mechanically or chemically on its food. Neither of these are required in the digestion of woman's milk. An infant can digest its mother's milk, but it cannot digest a potato. You may even crush the potato, and thus get rid of the process of mastication, still the potato cannot be digested. Why? Because nature has not supplied it with ptyaline, the digestive ferment that converts the starchy particles into grape sugar. Let it then be borne in mind that "*the salivary glands of children do not become functionally active till the age of four to six months, and hence the bad effects of feeding them before this age on starchy food, corn flour, etc., which they are unable to render soluble and capable of absorption.*" (Kirke.) When a child is sick, very much stress is laid upon *dentition*. Did it ever occur to you that dentition is purely a physiological process? Why should a normal process be so often regarded as a pathological one? If we would look more at the delicate digestive process, and learn to accuse the material that is thrust into a child's stomach, that is only there to annoy and perplex the digestive organs, we would arrive nearer to the cause of infantile ailments.

Passing now—from the mouth the food is carried into the stomach,

where the gastric juices from the peptic glands convert the food into a semi-fluid state. The particles are now chymified, and this fluid then passes into the small intestines, coming in contact with the bile and pancreatic juices, when it is converted into a creamy fluid called chyle, and thus it is prepared to be taken up by the absorbents.

But *infantile digestion is capable only of appropriating water, milk sugar, caseine, albumen, fat and ash, and these only to a very limited degree.* The child's digestive organs are not even fitted for manufacturing these particles out of crude material like the adult. They must be to a certain extent in their pure state when taken into the stomach, and for the nourishment of the infant they must be in relative proportions. Nature has, therefore, been wise in her provisions, and she has provided these in the mother's milk. Let it be borne in mind, therefore, that *a child is nourished, not in proportion to the bulk of food taken into the stomach, but only by what it can digest.* The great mortality of infants is not to be attributed so much to hand-feeding as to the injudicious manner in which such feeding is generally carried on. Food is given without regard to the quality, and the adult stomach is often taken for the standard of infant digestion.

It now becomes necessary to look more faithfully into the constituent elements of woman's milk. Four points are to be observed: 1—The component parts; 2—Their relative proportions; 3—The chemical reaction; and 4—The purpose of each particle in the economy of life.

1. When we stated that an infant is capable only of digesting water, milk sugar, caseine, albumen, fat and ash, we gave the constituent elements of woman's milk.

2. These stand in relation to each other about as follows: Water, 87.09; sugar of milk, 6.04; caseine, 0.63; albumen, 1.31; fat, 3.90; ash, 0.49.

3. The reaction of mother's milk is alkaline.

4. The purpose of each element is in some way to supply the nitrogenous tissues, and *no food can be of any possible utility to infantile requirements unless it contains material to supply the waste of the tissues.*

For perfect nutrition the milk elements may be resolved into four classes of food, namely: Albuminoids, carbo-hydrates, fatty sub-

stances and the salts. These are furnished in the most digestible form and in the most perfect proportions. The albuminoids in the infantile nutrition are composed of the caseine and albumen. Caseine supplies the muscles, brain and nerves, and contributes to the production of animal heat. The carbo-hydrates consist of sugar and fats. Milk sugar coming into contact with the acids of the stomach forms glucose; the sugar and fats are heat producing. The salts are necessary constituents of all tissues.

I here call attention to the fact that human milk contains *no starch nor cane sugar, and that the infant has no means of converting these into nutrient elements*. They must, therefore, operate as irritants, and hence they should not enter into the composition of any artificial food. Were we able by the aid of science and art to combine the milk elements perfectly, in the same proportions as found in human milk, we would come very nearly to a perfect food. We would, perhaps, lack nothing save the *vital spark*. Numerous attempts have been made in this direction, some of which have been both practical and scientific failures.

Cow's milk immediately suggests itself as a possible substitute, and we observe that it more closely approximates to human milk than that of any other. Does cow's milk contain all the elements of human milk? We answer, it does. Is not, then, cow's milk a proper food for infants? We answer, no; when used in its natural state it is objectionable. Our objections are based upon the dissimilarities. Cow's milk has the same constituents, but the proportions are very dissimilar. Woman's milk contains more sugar than cow's milk, Woman's milk contains 6.04 per cent.; cow's milk, only 4.92 per cent. As sugar is heat producing, a child fed on cow's milk would not receive sufficient milk sugar to maintain its warmth. The caseine of woman's milk is about 0.63; that of cow's milk is 3.01, nearly five times greater in amount. But few children possess digestive power sufficient to bring in solution the great excess of caseine in cow's milk. It must, therefore, pass through the digestive tract undigested, and on its way irritate and debilitate the digestive organs. The ash salts in woman's milk is 0.49; in cow's milk, 0.70. So cow's milk exceeds somewhat that of woman's milk, but it is found that the relative amount of potash salts is greater in woman's than in cow's milk, and hence there is a

deficiency here to be supplied. Again, human milk is alkaline in reaction, while cow's milk is acid. We do not mean to say that by the taste we can determine the alkalinity or acidity, but by the most delicate tests.

Enough has now been said, by way of comparison, to show that unless a child's stomach can accommodate itself to great variation cow's milk is quite unsuitable. The mortality of infants raised on pure cow's milk will bear us out in these conclusions.

But now, in the absence of human milk what is to be done?

Before giving the answer to this question, allow me to call up what has been done, and what is done, by mothers, nurses, and even by some doctors. The person having the care of the infant feels the necessity of lessening the caseine in cow's milk, hence water is added. Now while the beam is brought down at the one end it tips at the other, for the albumen, so much deficient in cow's milk, is still lessened, and albumen is a very essential element to nutrition. But let us say the diluted milk is now put into the stomach. Now the milk of the cow being acid, and the child's digestion also acid, that it might react upon its own alkaline milk, the caseine is rendered almost entirely undigested. This is the reason so many curds pass the child undigested. Often this is partially benefited by the addition of lime water, or a small quantity of bicarbonate of potash. The mother further sees the necessity of making cow's milk sweeter, as it is not as sweet as mother's milk. In her ignorance she puts in cane sugar. Thus the difficulty is not remedied, but increased, for the child cannot convert cane sugar into grape sugar or glucose. What becomes of it? It turns acid, and, added with the already increase of acid, fermentation takes place, the eructations and exhalations are sour, and the child sickens and dies as surely as if ratsbane were added instead of sugar. The natural sugar (sugar of milk) would be far preferable. Thus it is seen how great the difficulty in substituting artificial for the natural food. There should be a law, with a penalty thereunto attached, prohibiting the careless and unscientific mixtures of milk for infants.

"Doctor, what do you think of *condensed milk* for infants?"

As a direct answer to this question, I would say that I think it should be discarded. It has some advantages, which are these: It is milk in a pure form: the caseine is not so apt to solidify in the

child's stomach; it is rich in fats; there is also an increase of the per-cent. of albuminoids and phosphate salts. The main objection is, that it is preserved with cane sugar, and is, therefore, exceedingly liable to produce infantile dyspepsia. No advantage is, therefore, gained over the use of fresh cow's milk.

I have not the space to enter into a minute examination of all the different food preparations on the market. We might conveniently classify them under the heads of Farinaceous Foods, Liebig's Foods, and Milk Foods. The farinaceous foods I have learned to discard entirely. Of the Liebig's foods, Mellin's comes nearest the natural constituents in their proportions. Of milk foods, the Peptogenic Milk, or Humanized Milk, as prepared by Fairchild Brothers and Foster, approaches nearest to the natural milk of any found upon the market. It is prepared with the view of so converting the extra amount of caseine in cow's milk as to correspond with the human milk. The milk is digested with the natural digestive ferments (Extract Pancreatis) and warmth, before entering the child's stomach; the excesses are brought down, and the defects are partly supplied by sugar of milk and bicarbonate of soda. The milk is changed from an acid to an alkaline reaction with sodæ bicarb., and in its analysis it would seem an approach very nearly to the natural human milk. I regard this preparation as an advance in infant diet, but it is due the medical profession that its exact constituents and relative amounts be given. I do not know that the manufacturers have any special desire to keep the formula from the physician.

Solution of the problem.—In my opinion, however, the following methods will be found superior to all others. The physician may prescribe the following powder, which is sufficient to convert a gallon of cow's milk into a food assimilating mother's milk in every respect:

Take: Sugar of milk, pure	- - - - -	3xvj.
Ext. pancreatis	- - - - -	grs. xl.
Sodæ bicarb.	- - - - -	3jss.
Blended tissue salts of Schussler, 6th attenuation	-	3ss.

Mix, and divide into twenty-four powders. Each powder is capable of digesting a half pint of cow's milk. It should be made fresh for each feeding. The powders may be further subdivided, if less quantity is required.

Mix together a half pint of fresh milk, two tablespoonfuls of cream and twenty tablespoonfuls of cold water. Put into this one of the above powders. Set the mixture over a flame for about six minutes, but do not allow it to come to a boil, as the digestive ferment would then be destroyed. It should be stirred constantly, and the nurse may be directed to sip it, to determine the amount of heat. It should at no time be too hot for sipping. It can now be put into a clean nursing bottle, and is ready for use.

The amount of digestion is regulated by the length of time the milk is kept warm. If digested too much, it acquires a slightly bitter taste; the caseine is thus digested into peptone, but has gone too far for the palate. If the milk, after it is thus prepared, is kept in a place of ordinary warmth the digestion will go on, and the milk turns bitter. Hence, if kept for even a short time before feeding, it should be chilled with ice, and re-warmed upon its use. Heat destroys the digestive action, and cold stops it. Warmth allows it to go on until all the caseine is digested. The warmth of the body, when the milk is taken into the stomach, is sufficient to digest the caseine, and by artificial heat we only aim to digest the caseine that is in excess of mother's milk. The object of the process should always be kept in view, namely: to convert the superabundance of caseine—to supply the defects in sugar, fats and ash salts. The nursing bottle should be kept scrupulously clean. The milk should be obtained fresh, and if to be kept (in warm weather) it should be placed in a bottle, brought to a boiling heat, then corked tightly and set on ice.

Let us now summarize the points which I have endeavored to make.

1. The average mother's milk must be the standard of infant feeding.
2. Cow's milk, as such, is not a safe substitute for woman's milk.
3. Attenuation with water alone is inadequate. While it lessens the caseine, it also diminishes the amount of nutrient elements.
4. Cane sugar added to cow's milk is detrimental. The results of chemical and physiological analysis are opposed to the use of cane sugar, and also all foods containing starch.
5. The only solution to the problem of artificial feeding of infants is to be found in the modification of cow's milk by the digest-

ing process, with the addition of the natural elements, so as to make it physiologically equivalent to human milk.

6. The nature of these processes and the results to be obtained are nearly wrought out by a careful manipulation of the above process. Digesting the caseine with pancreatine, adding water as a diluent, cream to supply the fat, milk sugar for the sweetness, bicarbonate of soda to change the acidity, and the tissue salts to supply the deficiency in the ash particles.

The twelve tissue salts of Schussler, of the sixth decimal trituration, may be taken, equal parts, and mixed, to form the "blended tissue salts."

In our next we shall address you on the "Pathological Infant," with hints for its treatment.

ART. XXV.—The State Control of Medical Education and Practice.

(*In the Negative.*)—BY ROMAINE J. CURTISS, M. D.

[CONTINUED FROM JULY JOURNAL, PAGE 302.]

State Boards of Examiners.—These Boards are the creation of law and "fiat." The State demands that the only test of a medical man's ability and right to earn his living by practice shall be an examination test. Judging by publications, there is no standard test established by law, but this is the prerogative of the Boards. The test is therefore political, "social," religious, dogmatic and sectional. But the State, by its method of creating doctors by law, had to make a beginning. All things must begin. Even the Lord made the first man Himself after a well known formula—He made man in His own image, out of clay, "and breathed into his nostrils the breath of life, and man became a living soul." Since that time all men are the children of their parents. The State, in the beginning, was in a similar fix. It had made a law that doctors must be born of an examination by the State, but the examiners must, of necessity, be doctors. The State had no method of examining the examiners and thus legally creating them, so the State borrowed the old theological *fiat* and made its own examiners. It took a "regular" doctor or two, a "quack" or two, a school-master or two, out of the common political soil or mud, and moulding them after the image of learned men, the State then breathed into their nostrils the breath of life, and these clay vessels became political officers of the State, and a

part of the political "masheen" called a Board of Examiners. Since that time all doctors, relating to their ability, are children of these examiners by professional birth and baptism.

Critics will criticise everything. There are men who think man was developed by differential variation from the lower animals, and that if man was made in the image of his Maker, he was also made in the image of a monkey, and of other lower animals; and that fiat had nothing to do with his special creation as a species. These men, by analogy, might also reason that medical examiners are not qualified, intellectually, by appointment, but that whatever qualifications they may have they obtained just as other men do, by study and experience in the actual labor of earning a living. In such a case, it is a confession by the State that its method is a fraud, for how is it possible that these types of medical excellence, and measuring tests of medical ability and education, should exist by and through any less virtue than a miracle, when they were never tested by an examination, and were educated by the very colleges they have indicted for incompetency. Outside of this conclusion there is but one conclusion left, which is the admission that these gentlemen were not graduated old experienced doctors, as their law demands, or tests demand, but they were born from their professional *alma mater*, defective like all other newly born, but with the possible "potency and power" of being medical examiners, hidden as a germ in the protoplasm of their cerebral cells. To admit these things is to confess the fact that the human being, though a physician, must begin small, though he may develop; but the measure of his possible development is as impossible to prognosticate as it is to foretell the magnitude of a frog's leap by measuring his tail. It might be possible to predict this leap by taking a measure of the frog's legs, but the law and examiners say "tail."

I maintain, as I do in the case of "higher education," that the only criterion of a frog's leap is to wait till he leaps, and then, if desired, have a State gauger to measure the distance. State Examiners are far less wicked as biographers than vain prophets.

The State examining doctors are appointed at any rate by the Executive. As a rule the Executive picks out the men who are eminent by reason of "offensive partisanship." This is always the case when there is no preventive measure. This was the earlier law, but

experience lent a degree of "wisdom" to the law-makers, and since then the Executive appoints only those doctors for State metres who are recommended by medical societies. Now the medical societies do not nominate these candidates by competitive examination. They are not quite ready for this business yet. Perhaps the societies think that none of them are qualified to examine a man whom their votes are about to create a State Examiner. The Fiji Islanders perform certain religious rites when quarrying stone that they intend to fashion into gods. They begin to propitiate possible divine displeasure early. The medical societies must either think that it is beneath the dignity of a prospective examiner to be examined, or else they think an examination no criterion of ability, or else they really determine a man's ability by his record, which is really the only possible way to determine it. If they do the latter, then why should they not determine the standard of all other men's ability by the same method? It is certain, from an ethical basis, that the young man from this precedent has a right to demand that he be tried, and not examined.

But it being a fact that neither scientifically, ethically or any other way can an examination determine the standard of a man's ability to earn his living by a special occupation, it follows that any such attempt must be a farce. Examination of the records or biography of the "Boards" will prove this to be true. There is another *a priori* condition of evidence corroborative of this conclusion. Boards are, many of them, appointed by reason of political qualifications, which must certainly add a factor of doubtful ethical propriety. The doubtful ethics means, that a student or practitioner will be licensed for political reasons, or given a "certificate of examination" for similar reasons, when he has not completed a course of study in medicine or surgery. There will arise, under such conditions, many forms of oppression and injustice. Nothing can be more dangerous than giving human liberty into such authority as this. I am acquainted with a physician, who is a non-graduate, but was given an "examination" by a State Board, and a certificate of license, who, when the small-pox broke out in his town, visited a patient, took a crust and proceeded to vaccinate people with it. He caused about twenty cases of small-pox, and five deaths, one of his own children being a victim. I suppose this gentleman could spell cru-

cifix, or else could write a sentence in Latin, or was of the right political faith, which accounted for his passing the examination.

This same State Board of Examiners began business by graduating medical students prematurely. Dr. Dabney (see *Physician's Magazine*, No. II.) has indicted medical schools because a certain per cent of graduates failed to pass his Board. The State Board I refer to, at one examination granted "certificates of examination" and license to fifteen students from one medical college who were undergraduates — part of them at the completion of their first "course of lectures." There is a problem right here for the mastication of the general profession, which is about as follows: If one State Board of Examiners, as that of Virginia, finds six in thirty-five graduates incompetent, and another State Board finds fifteen in two hundred undergraduates fully competent, and grants them a license without further study, do these facts indicate a difference between different Boards, or colleges, or students?

Following the premature delivery of these students, this same Board proceeded to elevate the standard of the colleges. It seemed that though the standard was too high for fifteen out of two hundred students, it was yet not high enough for the other two hundred. This Board seriously thought for some time of forcing the standard higher by enforcing the study of botany. Just so. If this had been done, then some old fossil would have suggested Latin. Then, perhaps, a writer down East, who made a flashy warning to colleges and students, would have suggested what he wrote about in an Eastern journal, and that would have been enforced. This suggestion was, no student should be allowed to graduate, or college allowed to graduate him, until he had thoroughly studied the anatomy of the cat. The Board, however, contented itself with enforcing the branches already taught, and the preliminary education already required. This was well done; but why should any combination of shirtmakers or cotton raisers, or cotton factory men, get the Legislature to pass a law, and a State Board to enforce it, that every man shall keep his shirt on?

Dr. Dabney, in his preamble, reads us a homily, very logical in its character, that it is "the duty of the State to take care of the lives of its citizens, and it follows that the State, therefore, must prevent the 'practice' of incompetent physicians." The doctor then goes on

to say that there are one hundred and sixteen medical colleges in the United States, none of them being endowed, or, at least, a small portion. There must therefore, in the nature of things, be considerable competition to draw students, and so long as a college diploma entitles a possessor to practice medicine, just so long will the vast majority of students go to the college where a diploma can be had with the least expenditure of labor and money.

I can't imagine where Dr. Dabney learned his ideas of human competition, or whose history of medicine he has read. The men who have advanced the science and art of medicine and surgery during the history of America as a rule were all college graduates. Now, if students go by competition to the cheaper and easier colleges, then the cheaper and easier colleges are and have been the makers of American medical history, which is certainly not, in any respect, behind that of any other country. Our State laws and State Boards are too recent to be of any account in this problem. But is there any truth in Dr. Dabney's statement? If so, then the large colleges of Philadelphia, New York, Boston, etc., with their polyclinics, are the easier and cheaper, for the "vast majority" of students are found in these larger cities and colleges, especially since Pennsylvania secured a medical law for the benefit of the boarding-houses.

Dr. Dabney complacently remarks that "in this money loving age," the opinion of the secular newspapers that colleges, in their interest and by competition, will elevate their standard is certainly erroneous. Dr. Dabney does not give a single proof for this assertion, except that this is a "money loving age." Now, Dr. Dabney knows (because he is a State Examiner) that the colleges having the highest standard are the best patronized. His conclusion will have to be, therefore, that the colleges so loving money raise their standard in competition with each other for the sake of the money. This is precisely true, and is just as it should be. If they were rich, anyhow, they would teach the Nine Classics or the Dialogues of Plato, and physic might go to the dogs. It is competition in the struggle for a living (money) in this world which underlies the advancement of science and art in any special branch of human endeavor, just as I have stated. Dr. Dabney's complacent method of climbing over technical difficulties, as a Board, is highly edifying. A few years ago there were no more dangerous people on earth or in any

State than Homœopaths and Eclectics. The reason was, because these alleged doctors were incompetent physicians. The case is different now. The medical laws have see-sawed the "schools" up and down until they are all on a level. The noble "Regular" decides that competition was getting so hot he could stomach the Homœopaths and Eclectics that were on a Board (but not in consultation), if by so doing he could have a State Board to pass on the question of letting newborn graduates live. It appears that graduates of Homœopathic colleges come before Dr. Dabney's Board. These gentlemen are not examined in "Practice;" the presumption being that graduates who are qualified on anatomy, physiology, chemistry, hygiene, obstetrics, and on pathology, symptomatology, and diagnosis can not be "dangerously ignorant" on the matter of "treatment." Now all these branches are as the frog's tail to his jump, compared to treatment. The Virginia Board leave Hamlet out of the play entirely. What are soldiers, soubrettes, ballet girls, supes, queens, mourners and all in the play of Hamlet if Hamlet is not thefe? No one can presume that the most excellent collection of all these accessories can satisfy an audience without Hamlet. If, as Dr. Dabney says, incompetent doctors are dangerous to the lives of the people of the State, then these doctors are incompetent and dangerous by reason of their treatment. They do no hurt by their knowledge of obstetrics or hygiene, or by their lack of it. They endanger the people by reason of their treatment of disease. The Board ask "no questions of Homœopaths on *materia medica* and therapeutics." Now, can't the Board examine on these questions of treatment in Homœopathy? By passing the candidates, the Board acknowledge that Homœopathy is not dangerous to the lives of the people of the State, though it is a practice and treatment the Board don't believe or understand. What kind of State protection do you call this—a Board that confesses itself incompetent to examine candidates that the Board confesses are competent to practice? I wonder how the Board know Homœopaths are competent in the treatment of the sick. If the Board don't know, then is the Board competent to examine and decide? Would it not be a more sensible procedure for the Virginia Legislature to pass a law compelling Homœopathic physicians to keep their pants inside their boots, and commission the Board of Examiners to look after the

matter? How fortunate for the peace of mind of the medical profession of the State it is that the Homœopaths did not make the medical law. It is so difficult for a middle-aged gentleman to enter a college and learn a new system of practice in order not to endanger the lives of his fellow citizens by his medical treatment.

Dr. Dabney next indicts the medical colleges on the charge of graduating 670 incompetent men out of a possible 4,192. Now this indictment is severe, to say the least. There ought to be some compensation somewhere, but there appears to be no definite data. But Dr. Dabney refers to non-graduates who have appeared before the Board. These non-graduates appear before all Boards in the twenty-nine States having Boards, and many of them pass. If a college graduates incompetent men, it should compensate matters by not graduating some men who are competent, and thus arbitrarily lessen competition.

In one year a Board of one of the States licensed fifteen undergraduate students from one college—there are one hundred and sixteen colleges in the United States and twenty-nine Boards—but I will not imitate Dr. Dabney's method of statistic gathering by multiplying all these figures together to find the number of competent men not graduated; the method would appear as ridiculous in one place as another. However, some such basis must be arrived at. Suppose one Board passed only fifteen students, then twenty-nine Boards would pass four hundred and thirty-five undergraduates, but educated to competency by the colleges. Now this number is not quite six hundred and seventy-nine, but it is sufficient to show some compensatory work of colleges not endowed. It will be a great day for the profession of this country when the colleges are all endowed and teach the Nine Classics without fear or favor of competition or money, or the needs of students, and the Examining Boards are also endowed and will dare to reject non-graduates without fear of the political powers that be.

Medical Examining Boards, like all other corporations, institutions, and persons, are ambitious. If we look for the source of ambition we generally find it founded in the laws of life and competition. If the richest man was worth only a dollar, then a twenty-five cent ambition to get even with him would be a very praiseworthy effort. Vanderbilt was worth \$200,000,000, however, and hence there are

several millionaires. It appears that there are five States which have a law that recognizes no diplomas, but recognizes only its own Board's "certificate of examination." The Boards of these States, to be consistent, examine non-graduates and pass them. Of course, the law says, if colleges are incompetent to graduate a man they are also incompetent to know when a man ought to be graduated. If they are not competent to know when a man is qualified, of course they are not competent to know when he is not qualified. But the impudence of such a law as this, which provides a Board for examining doctors on the plea that a diploma can't be recognized because it is not evidence of qualification, and then provides for the examination of men who haven't even got diplomas from these same colleges, is a feature of independence that far discounts the cheek of the army mule. It is simply a law which confesses itself a fool. Now, if it were not for these five States, all the Boards would probably be satisfied with their immunities and privileges. But not so now. No Board has been heard from that does not plaintively suggest and hope that eventually a law will be passed giving the cold shoulder to diplomas. In the interval of deciphering bad spelling of poor graduates, and saying nothing about the bad spelling of the undergraduates, the Boards are lobbying the Legislatures for more law. An effort was made of this character in Illinois, but was defeated. The medical profession has many fine names in Illinois, and the profession of Illinois know that the profession East is similarly endowed. When the State Board undertook to lobby a law through, providing for the non-recognition of diplomas, and the examination of all new comers, there appeared a very objectionable feature. It was thought that perhaps Dr. Flint or H. O. Marcy, or Dr. Hammond, or perhaps Frank Hamilton, or perhaps a thousand others like them, might take a notion to move to Illinois. Now the people of Illinois are proud of their Board. They don't want a law passed of such a nature that it must reflect on the Board. The people therefore defeated this law, because an examination of learned men, such as I have mentioned, by a political board would certainly make an ass of the Board, and under such a law the neglect to examine them would be equally asinine on the part of the Board.

I deny that medical laws are in the interest of a higher education, or that they have ever made a contribution in that direction of a

genuine nature. I claim that they are nothing more than declarations of war of an organized trade-union element of the profession. The attempt is to suppress competition, but of course this attempt is a failure. It is not natural that a man should want his competitor to be a better educated man than himself, and hence there is no educational foundation for the cry that the number of medical colleges shall be reduced and the years of study raised to ten or fifteen. The old trade-unions made a law that an apprentice, learning to make hooks and staples, should serve an apprenticeship of seven years, not on the plea, of course, that the hook and staple business was overcrowded, but that hooks and staples were not half made, and a longer term of apprenticeship was necessary. Trade-unionism is simply the dignified growl of two high blood dogs, or mongrels, or curs, which always follows when two hungry ones have but one bone between them. In such a case, if one dog should succeed in making a "dog law" providing that *no other dogs* should be allowed to gnaw a bone unless they were born with canine teeth three inches long, then there would be a dog law similar in its nature to the medical laws of States. In such a case the law would be a menace to dog liberty, because the requirements exceed the standard of the law-makers. If the dog law-makers have canine teeth only two inches long, and make a law providing that all new-born dogs shall have them three inches long, then this law would simply be a war of living canines against the competition of new comers or the next generation. The plea, in such a case, that the law is intended for the good of the dogs or the more certain dispatch of fine wool sheep, or the more rapid crunching of bones or other professional excellences, is so transparent that no one need fail to discover the features of the truthful James behind the scenes, through the transparency.

The gentlemen who make medical laws, and those who execute them, especially, are usually middle-aged men. They graduated — unless they are non-graduates — twenty-five or more years ago. There were fewer colleges then than now, and the colleges were poorly equipped for teaching even the small amount of medical science then known. There are from fifteen to twenty-five more scientific branches taught in medical colleges now than thirty years ago, and, in addition, the body of each science has more than

doubled its size. These things have caused the differentiation of specialties, which always follows development in any science, including its relations to occupation. Thirty years ago very few colleges owned even a microscope, and few students ever saw one. Gynecology was unknown. No specialty in medicine was taught. In fact, at that time the practice of a specialty was almost as bad as the practice of Homœopathy. A specialist could not get into a "regular medical society," and the general practitioner called the specialist "quack" of course. But to-day the colleges are not only graded relating to years of study, but they are graded relating to specialties in medicine and surgery. Old colleges had one teacher on surgery, the modern colleges have from three to five, representing special differentiations in the science and art and practice of surgery. Other general branches are similarly treated. Natural development has brought these differentiations about, and not law. So far as heard from, the Boards have declared that colleges make room for these specialists as teachers, to give them a chance to advertise themselves. For the sake of argument, I will admit this charge to be true; I claim, in fact, that competition in the race of getting a living, lies at the foundation of the advance of all science and art. If one man teaches to advertise himself, then others do. If the teacher of surgical gynecology advertises in this way, so does the teacher of the general principles of surgery, and so do all teachers. To deny it, from the stand-point of results, is to deny the truth; but to forbid the teaching of surgical gynecology for this reason is not in the interest of "higher medical education." A most remarkable effort has been made, however, by certain medical societies looking to the suppression of this kind of advertising. Societies have passed resolutions demanding that the colleges should suppress the names of their teachers in their announcements. The medical societies do not offer suggestions as a substitute, but would very likely offer the suggestion, if pressed, that the colleges should go out of existence. But if this resolution should become a law, the colleges would be obliged to do something. They would likely adopt numbers—the kings of England, Ptolemies, and Romish popes were designated by numbers. Thus we have Ptolemy III., Louis the IV., Pope Clement III., Pius V., etc. The colleges might say Prof. Flint the I., or the II., Hammond the I., and Hamilton the II. But this

wouldn't suit the societies. It is a terrible eye-sore to some men that brains and place always create distinctions. Our colleges might be allowed to state modestly that surgery will be taught by No. III., gynecology by "No. I." anatomy by "No. V.," etc., etc. But why should sauce for the goose not be sauce for the gander? Our Boards of Examiners are widely advertised by name. Other doctors are widely advertised by pinning their names like kite tails to advertisements of Battle's "Bromidia." These gentlemen should all adopt numbers as well. That Boards of Examiners should designate the members by numbers—"No. I." might be the "Hon. Secretary," "No. II., the "Hon. President," etc., etc.; and following the reform movement to its logical conclusion, the officers of medical societies should also be designated by number instead of name, even when attaching their names to advertisements of drugs.

Now it would be of great interest to the reading medical public if a list of the names of the Boards of Examiners who have attended a polyclinic or a medical college within twenty-five years were furnished. If these Boards have not attended a college or polyclinic for that time, and are highly educated gentlemen, then how and where did they get their education? The reply must be the confession that a man begins small in this life, even this professional life, and develops and learns with time and experience. If this is the law of development, then is it possible to determine before development has occurred that it never will occur in any given individual? If it is not possible, and it certainly is not, then are medical Boards anything better than the Inquisition of the Dark Ages?

Medical Examinations.—A medical examination, or any other examination for the purpose of testing any man's educational ability to earn his living by any profession or business, is not a test of the person's ability, for reasons that I have given. The only test is the person's biography. Examinations did not originate as a test for education, but are only survivals of the old method of trial by ordeal. The history of these ordeals is familiar. They used to test a woman by ordeal to see if she was guilty of adultery. The ordeal was to have her drink the "waters of jealousy," which waters were poisonous to adulterers. They had a cadaver test to verify a murder. If a suspected man touched a corpse, and blood escaped, then the man was proven a murderer. The characteristic of these

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ordeal examinations was that the subject of ordeal, or its methods, had no relation to the object of the test. What relation is there between blood flowing from a corpse and murderer? Our modern examinations are survivals of ordeals, and are, like them, chiefly characterized by absence of relation between subject and object, or between the test and object. In China, if a man wants to run a junk boat for the government, they test him by the ordeal of an examination in the Nine Classics. In Germany, if a man wants to enter a medical college, they examine him in singing, and stenography, and zoology. There is no relation between the test for singing or writing short-hand and studying the effects of pumpkin seeds upon a tape-worm, or ligating an artery. This test is simply a government ordeal. In the civil service the examinations are similar. It is related that a colored brother went before the Board on an application for the office of letter-carrier. He received his first question, which was: "How far is it from San Francisco to New Orleans? from there to Chicago? from there to New York? from there to London? from there to Constantinople? from there to Melbourne? and what is the distance over all?" The colored brother virtually gave it up, for he remarked: "See here, boss, if you'se a'gwinter to put me on dat mail line you may just remove my apllercation offen der hook." The question related very little to the subject in hand. The proof that examinations have but one result in colleges, which result is cram, has led to great modifications in the methods of examinations. In reality, when a college is independent of a law, or a custom, or dogma, the final examination is a very brief affair, just as it should be. It does not follow, however, that this graduates the student. The students are graduated because the teacher knows their biography as students. The recitations, study, good habits, industry and other biographical facts are the basis of every student's graduation. The history of every college, of every kind on earth, furnishes the proof that an examination is no criterion by which to judge of the future of a student. If there is any rule about it, it is that the students who are at the foot of the class, or thereabouts, make the best time on the home stretch of their biography.

The charge is directly made by State Boards, and others, that a teacher is disqualified to judge of a student's qualities by reason

of prejudice in the student's favor. I would like to have these gentlemen explain on what grounds a State Board is qualified to judge of anybody's ability or education by an examination. Certainly politics has its prejudices, as much as teaching, and certainly no man can judge of another man's education or ability, or what the man may do in his lifetime, by an ordeal or an examination.

I have presented one feature of examinations, relating to their not using the natural relations between a test and the object tested for. And there is another fact relating to the human mind and mental activity which I must mention: I have never seen or heard of an examiner who knew how to do his work, provided it could be done. Examiners generally test the memory, but the factor of mind, the thinking faculty, which makes a man, the examiners do not know how to reach. I suppose this fact may be due to the fact that examiners are not examined for their positions. A man thinks by the law of association of ideas. An idea or thought is the parent of a like idea. There are mental orphans and prodigals among ideas, and very often when the examiner calls around some of the family are away on a visit. A man may meet his friend and be unable to speak his name. At once he endeavors to recall the name, and very likely the more he tries the more he can't. There is no relation of likeness between any man's face and his name which will by corresponding action suggest the name. It is one of the external relations of things, which a man remembers for a short time only by a mere impression of memory, without there being any corresponding relation of ideas of likeness in his mind. The names of anatomical forms have the same relation in many cases. There is no relation but a memory impression between the name of Servetus and the date of his incineration by Calvin, yet all the examiners I have ever heard of make examinations of this memory faculty as a test of mental ability. The State Examiner will get up a set of questions in anatomy. To do this, he takes down his text-book on anatomy, brushes off the dust, turns to the cranial nerves, looks over them, and reading them up he renews his memory. Then, looking them over, he selects a few average or difficult conundrums and writes them up for the examination. Everybody may be certain that when the questions are asked there will be no natural relation between them, or between them and their answers. To answer

them will test a man's memory only. Now, a man, even a recent graduate, may have a good thinking power but poor memory. Perhaps he cannot give, from his memory, the origin, distribution and relations of all, or, possibly, either one of these nerves. In fact, a man would be a fool if he could. Nobody can, unless he has first loaded up his memory with the subject. This is just why books are made. A man can't use a book for his thinking power, but he always uses a book for his memory. If the student can't answer these questions satisfactorily, the examiner says he is incompetent—the State Examiner condemns him. They both say the reason is because the student don't *know* the origin, distribution and relations of a single cranial nerve.

Now, if the student were given the same chance that the State Examiner has given himself, he would be—other things equal—just as well qualified as the examiner, perhaps better, for undoubtedly his memory is younger and keener. If a student finds out beforehand what an examination is to be and “posts up” on it, the examiner, if he knows it, will consider the examination of no account; not because the student don't *know* the subject this time, but because the student has an equal chance with the examiner.

The only trouble is that to memorize is not to know, nor is to know to memorize; the meaning of to know, in relation to mental ability, is to be able to think out the relations between things and phenomena, with all the data of facts at hand. In this examination, the mental ability of the examiner was exhibited when he thought out the method of preparing himself for the examination. His method of examination does not reach the real mental ability of the student. Testing a man's memory, as an evidence of his thinking powers, and his ability to get on in the world and manufacture a successful biography, is very like the old ordeal of the cadaver test, or that other test for heresy in a man's heart, which was drinking a little holy water, and is also like measuring a frog's tail with a view of seeing how far the frog can jump.

The Plea for Liberty.—No blundering legislature can succeed in forever destroying the fundamental ethics that all men have a right to life, liberty, and the privilege of earning a living, while giving equal rights to others or to each other. I have endeavored to show why it is true that medical laws menace human liberty. The laws assume, what

is untrue, that a certain ordeal test can determine the fitness of a man to earn his living by the practice of medicine and surgery. The law and method have only been equaled in relation to human oppression by the inquisition and martyrdom as tests of faith, and by the old law of Greece, which subjected the newly born to an examination by a State Board to determine their physical fitness to live. In this world nature has provided that all men shall have an equal chance. This law determines that there shall be competition; to get an equal chance, a man must keep up with his competitors, but should not be obliged to act as host to a parasitical law. There is a penalty for failure of adaptation; the law in its legitimate application can never condemn any honest man in this relation, but the penalty for the failure of adaptation of any man to any business or "profession" is quite sufficient—he simply fails, while the fittest survive.

ABSTRACTS.

Strychnine in Uterine Hemorrhage.

In a communication to the *British Medical Journal*, Dr. L. Atthill says: For many years I have been in the habit of administering strychnine in combination with ergot in the five following classes of cases:

1. Where, from previous experience, I had reason to anticipate the occurrence of *post partum* hæmorrhage.
2. Where, during the progress of a tedious labor, the uterus becoming exhausted, I had reason to believe that hæmorrhage would follow on delivery.
3. In cases of menorrhagia depending on imperfect involution of the uterus.
4. In certain forms of hæmorrhage caused by the presence of uterine tumors.
5. In some forms of amenorrhœa.

In the first class of cases, I generally commenced the treatment three weeks before the expected advent of labor. If the patient was anæmic, I combined the strychnine with iron; if plethoric, with muriatic acid; in all cases, the vehicle being the infusion of ergot; and I have had the most satisfactory results. After the patient has

taken the medicine for a week or ten days, I discontinued its use for forty-eight hours, recommencing it again. In several cases in which the patient has invariably suffered, previous to the adoption of this treatment, from severe *post partum* hæmorrhage, none occurred; in all the others, it was markedly less. I never once have known any unpleasant result follow; in none was the foetus affected, all the children were born alive, and, as far as I know, none suffered from convulsions subsequently. I may here add that I believe ergot to be absolutely innocuous to foetal life, unless it produces its specific effect, that is, excites almost continuous uterine action; and my firm belief, founded on a very extended experience, is that ergot is powerless to originate uterine action; it will stimulate a uterus previously in action, or one in which uterine action is about to commence, as in the case of a uterus containing a blighted ovum or foreign body; but not, as far as my experience goes, under any other circumstances, and not always under these. The formula I generally use is the following: Infusi ergotæ, ad ℥vj.; ext. ergotæ liq., ℥ij.; strychniæ, ʒj.; acid. hydrochloric dil., ʒij. A tablespoonful, by measure, three times a day. In anæmic cases, substituting a drachm of the ammonio-citrate of iron for the muriatic acid.

With respect to the second class of cases, ergot here is still more unreliable than in the previous class of cases; strychnine promises better results. I generally combine it with ergot, giving ten drops of the liquor strychniæ (*British Pharmacopœia*) with the first dose, and five with a subsequent one, if necessary. I can confidentially recommend this combination.

In conclusion, that strychnine exerts a direct action on the uterus, is to my mind clearly established. Added to ergot in cases of parturition, it greatly increases the efficacy of that drug, being specially useful when *post partum* hæmorrhage is anticipated. It appears to have the power of increasing the tonic contraction of the uterine fibers, and of preventing their undue relaxation when the pain has subsided. It is specially valuable, administered in combination with ergot, in cases of menorrhagia depending on imperfect involution of the uterus. Its use is contra-indicated in all cases where any inflammatory condition of the uterus or ovaries exists. Strychnine is also useful in many forms of amenorrhœa, where it seems desirable to stimulate the uterus and ovaries; and in such

cases it is often prescribed with advantage, in combination with iron. It should be administered cautiously, commencing with three or four drops of the liquor; the dose to be gradually increased to eight or even ten three times a day. I have, however, known even small doses produce very unpleasant symptoms, some patients being apparently very susceptible to the effects of the drug.

Circumcision under Cocaine.

Various experiments have been made with solutions of the hydrochlorate of cocaine, with the object of producing such local anæsthesia of the prepuce as would result in a painless circumcision. The results of quite a number of such efforts, while greatly lessening the pain of circumcision, have not been entirely satisfactory. In the last two operations, however, which Dr. F. N. Otis (*N. Y. Med. Jour.*, May 8, 1886) reports having done by a new procedure, the first was entirely painless; in the second there was only slight sensitiveness in putting in the last few stitches.

The plan pursued was as follows: Retracting the prepuce, three or four drops of a six per cent. solution of hydrochlorate of cocaine were injected with a fine hypodermic needle into the internal layer of the prepuce, about half an inch from its attachment at the base of the glans penis. This was done so superficially that, as the needle was withdrawn, a little bleb was formed nearly half an inch in length. Waiting for half a minute, the needle was again introduced at the opposite side of the bleb, and it slid in painlessly for another half-inch in the line of the circumference of the penis. In this manner blebs were made until the cervix was completely encircled by them.

The prepuce was then drawn forward, and, by a simple procedure, another line of blebs was made to encircle the external preputial layer at the point elected for the incision. This was intended to be directly opposite the line of injection of the internal layer. The prepuce was then advanced so that the line of injection cleared the end of the glans, at which point it was compressed by a clamp, and excised without the least pain.

The clamp was then removed, the internal layer of the prepuce was slit up, turned back, trimmed with scissors, and attached to the incised edge of the external layer by continuous suture, comprising

about twenty stitches. Not the least pain was experienced in the operation, except that caused by the first introduction of the needle in the internal layer, and the same in the external layer. Twenty drops of the six per cent. solution were used in this case. In the second, twenty-five drops of a four per cent. solution were injected. The chief embarrassment of the operation consisted in the fixation of the delicate tissues so as to introduce the needle with accuracy, superficially, and to a sufficient extent. An ordinary mouse-tooth forceps answers very well, but a forceps in which the needle can ride would be an advantage.—*Therapeutic Gazette.*

A Valuable Remedy for Diarrhœa and Dysentery.

The intestinal catarrhs so prevalent during the summer months make up a large proportion of the practice of every physician. While the treatment of this class of affections must necessarily be modified to suit the stage of the inflammation and the idiosyncrasies of the individual case, there are nevertheless certain symptoms common to all cases, which may generally be relieved by a remedy which has been extensively used in Europe and in this country, with the most gratifying success. We allude to chlor-anodyne, manufactured by Parke, Davis & Co.

Chlor-anodyne is an improvement upon the proprietary preparation which, under the name of chlorodyne, was introduced into England by Dr. J. Collis Browne, and was widely used and commended by physicians of the highest standing.

Chlor-anodyne is a happy combination of anodynes, anti-spasmodics and carminatives. It is diaphoretic, anodyne and astringent in its action, and, intelligently administered, has almost a specific action in diarrhœa and dysentery.

Each gram (an ordinary adult dose) contains: Morphia muriate, .0060 grms.; tinct. cannab. indica, .0800 grms.; chloroform, .1350 grms.; oil of peppermint, .0025 grms.; tinct. capsicum, .0025 grms.; hydrocyanic acid, .0170 grms.; alcohol, .3000 grms.; glycerine, .4570.

Those desiring literature more fully descriptive of chlor-anodyne should send to Parke, Davis & Co. for their interesting working bulletin relating to this preparation.—*Miss. Val. Med. Monthly.*

EDITORIAL.

The American Medical College.

The regular annual course of instruction in this college will commence on the first Monday in September, and we hope the class will be on hand promptly. It is the determined object of the American Medical College to give its students the most comprehensive and thorough course of instruction given by any medical school in the west, and in order to accomplish this aim, it is highly necessary that the students should be prompt in matriculating and taking their seats. All who desire to avail themselves of the advantages of the first half of the college year should enter the first or second week of September. It is true that students may enter any time, from September till the middle of January, and still have time to make one full course of lectures before the college year closes—in June. But we want as many as can make it convenient to do so, to commence in September, and those who expect to attend the last half of the college year *must not enter later than the middle of January.*

Our school and methods of practice are quite well understood everywhere, and it is well known that the graduates of the American Medical College are the peers of any school in the country, and that they are able to compete with graduates of any college. *They are successful in practice,* and this is what gives them business, and turns the people toward them. No matter where we go, if a representative man, a graduate of the American Medical College, is found in business, he is doing well, and we frequently find him at the head, leading the practice of his county. This is just what we want, for we are thoroughly convinced that our practice is the most successful and safest in vogue, and we do not hesitate to urge it upon students, and modestly offer it to the people. Success in relieving and curing disease with as little medicine as possible, and that of the very mildest and most palatable form, is what will give us reputation and riches in our profession. All this we aim to teach

our students, and the success of our teachers, as well as that of hundreds of our graduates, is the very best evidence we can offer to establish the truth of what we say. Success succeeds every time. Then let us urge young men who contemplate the study of medicine to come and see us. Send for our Annual Announcement, and for any information regarding the American Medical College, address

DR. GEO. C. PITZER,
St. Louis, Mo.

MISCELLANEOUS PARAGRAPHS.

Missouri State Board of Health.

At a recent meeting of the Missouri State Board of Health, the following resolutions were adopted:

Resolved: That in future a percentage of graduates to matriculates of forty-five (45) or over will be grounds for refusal of registration, of diploma and issuing of certificate to graduates of a school otherwise in good standing; *provided*, however, that before such action is taken by this Board the said school whose diploma is presented for registration be notified, and an opportunity be given the Faculty thereof for satisfactory explanation to the State Board of Health.

Resolved: That all recognized Medical Schools in this State be promptly notified by the Secretary of the foregoing resolution of this Board.

Muriate of Cocaine in the Treatment of Nymphomania.

The case was one of general pruritus, involving the entire surface of the body, a most annoying itching, and no eruption explaining its occurrence. She tells us that she is almost completely relieved. The treatment consisted in the use of a milk diet, and five to ten drops of Fowler's solution, to be taken three times a day. In addition to this, you will find, in cases of general itching without eruption, the use of warm bran or gelatine baths, very soothing. Itching of this character is sometimes met with in pregnant women; Stoltz has given a graphic description of such cases. But neither in those nor in this can any explanation of the cause of the itching be given. The treatment directed was purely empirical, but it was successful.

The trouble for which this woman first came to the clinic was

nymphomania. This has been treated by the use of sedative applications to the two chief centers of sexual erethism or pleasure in the female. These centers are the clitoris and vagina. In sexual congress these are subjected to such increased congestion that each becomes swelled, and erection occurs in one; masturbation in the female, also is done by artificial irritation of the clitoris or of the vagina, or of both. A third center has been suggested, that is, the female nipple, and, according to Cabanis, some women assert that when the infant is sucking they experience a pleasure, with some similar sensation, in the genital organs. When first examined three weeks ago, in consequence of the complaint she made of a pain in the womb, there was at once erection of the clitoris and contraction of the vaginal sphincter, not merely of the lower sphincter, but also of the upper sphincter, constituting vaginismus superior. This latter form of contraction, when excessive, may not prevent coition, but may not permit the withdrawal of the penis; in some cases this violent contraction of the upper part of the anal levator is under the control of the will. Both varieties of vaginismus existed, to some degree, in this case.

The treatment consisted in the direct application of muriate of cocaine to these centers. The vaginal spasm and the other symptoms have been greatly relieved. I believe that this is the first time that muriate of cocaine has been used for this purpose, and the results have been such as to justify its application in other cases. It seems to me an entirely rational way of treating this disorder in certain cases. It lowers the exalted sensibility of the two chief centers of sexual pleasure; not only lowers that sensibility, but blunts it.—T. PARVIN, in *Col. and Clin. Rec.*

The Eclectic Medical Society of Missouri.

SECTIONS.—By motion and second, adopted by the Society at its meeting in St. Louis, Oct. 7, 1885, the President and Secretary were authorized to designate sections, according to the plan of the National Eclectic Medical Association, for the various departments of medical knowledge and research.

In pursuance of the said action of the Society, the following appointments have been made:

SECTION A. *Practice of Medicine, Materia Medica and Medical*

Chemistry.—Chairman, F. McClannahan, M. D., Tipton, Mo.; Secretary, A. V. Thorpe, M. D., Jamestown, Mo.

SECTION B. *Public Hygiene, Jurisprudence and Medical Legislation*.—Chairman, W. V. Rutledge, M. D., St. Louis, Mo.; Secretary, N. M. Carter, M. D., Sedalia, Mo.

SECTION C. *Surgery, Surgical Diseases and Disorders of the Eye, Ear and Larynx*.—Chairman, E. Younkin, M. D., St. Louis; Secretary, H. L. Henderson, M. D., Plattsburg, Mo.

SECTION D. *Obstetrics, Gynecology and Disorders of the Pelvic Organs*.—Chairman, Albert Merrill, M. D., St. Louis; Secretary, I. Frank Noel, Unionville, Mo.

SECTION E. *Psychology, Mental and Nervous Disorders and Electro-Therapeutics*.—Chairman, John T. Sibley, M. D., St. Louis, Mo.; J. H. Snyder, Cameron, Mo.

SECTION F. *Dermatology, Diseases of Children and Special Therapeutics*.—Chairman, Geo. C. Pitzer, M. D., St. Louis; Secretary, T. Hodge Jones, M. D., Kansas City.

It is expected that the officers of sections will use every endeavor to have each section well represented with quite a number of good papers. Officers should correspond with Eclectic physicians all over the State, and solicit contributions. Also, we hope to have a large number of stirring reports on the Status of Liberal Medicine in Missouri. Let us all work to make the coming meeting the most instructive within the history of the Society. Those wishing information as to P. O. addresses of Eclectics in the State will be supplied with same by addressing the Secretary,

M. M. HAMLIN, Gray's Summit, Mo.

Peacock's Bromides.

Peacock's Bromides is a valuable remedy, and I can heartily recommend it to the profession where the use of such a preparation is indicated. It takes the place in our list of remedies that has long been needed. It is all that is claimed for it.

Logansport, Ind.

A. M. CHORD, M. D.

I have the pleasure to say that I have used Peacock's Bromides with entire success in vertigo and congestive headache in the case of my wife. It is the best brain and nerve sedative I ever used.

Rhea Springs, Tenn.

A. L. ANDERSON, M. D.

A New Operation for Cataract.

Surgeon-Major Geoffrey C. Hall describes in the *Indian Med. Journal*, March, 1886, a new operation for the extraction of cataract, which is a sort of combination of couching and extraction, the whole idea of which is to extract the lens without disturbing the pupil. It is performed as follows: The patient being chloroformed and the speculum introduced, a large incision is made with a Von Graeffe's knife in the sclerotic, about a knife and a half breadth away from the cornea, and the large MacNamara scoop is then passed in and the lens gently extracted in its capsule; atropine is then to be instilled and the eye bandaged up. The formidable part of the operation is the large size of the incision, but in Mr. Hall's experience the wound heals up very quickly without bad symptoms, although in one case he found that he had made the incision too small, and had to enlarge it with the scissors. There were no signs of iritis in any of the cases, although in two the capsule was ruptured, and in the third (the incision being made too close to the cornea) the iris prolapsed and had to be excised. Surgeon-Major Hall is now having a blunt instrument made, with a hook to it, which will impinge upon the side of the lens, and then draw it out without pressing upon the back of the iris as the scoop does. It seems possible to insure in this operation as nearly perfect success as can be hoped for from any cataract operation, the iris, the great bugbear to all eye operations, being left practically undisturbed.—*Therapeutic Gazette*.

Neuralgia.

A mixture of one part of iodoform to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Rev.*

Tongaline.

Am treating a patient who had such an aggravated case of rheumatism, which had settled in his wrists and shoulders, as to have rendered him helpless for months before I was called in. So chronic did I consider the trouble, that I did not believe any remedial agent or combination of medicines would benefit him. However, I prescribed Tongaline in drachm doses, three times daily. It produced no unpleasant sensations, and from the commencement of its use he felt some relief. After taking it for a week the pain and stiffness have almost entirely disappeared, his appetite has returned and is excellent, while his general condition is such that I have no doubt but that a continuance of the use of Tongaline will effect a radical cure.

WM. M. GODSON, M. D.,

Mt. Glaize, Camden Co., Mo.

Health Resort.

(Mr. Clarke Whittier and the New City of Whittier in Western North Carolina.) Clingman's Dome, by the late geological survey, the highest peak east of the Rockies, is on the property. This mountain, at its top, is asserted to be different from any other in the known world, as follows: rank grass grows where the timber is thin on the very top, 9,616 feet high, and a heavy growth of timber and springs of water are within a few rods from the apex. It is proposed to make a graded carriage road to the summit, where the tourist can with the naked eye, in a clear sky, see five States. There is no stagnant water in the whole of the 80,000 acres. The veritable speckled trout abounds in a thousand streams on the property. Consumptives breathe easier, and may live longer. The hotel is to be called the Twin Mountain House, being situated between two elevations of 200 feet high in the town site. This region is destined to be the great resort from the level plains in the southeast in the summer, and from all sections of the northeastern States in the winter. All purchasers of land in Whittier, or in the 80,000-acre tract, will agree that in case spirituous or malt liquors are sold, imported or manufactured for use, except as medicine or for arts, the owner shall surrender the land to Clarke Whittier, or his legal representatives, on the tendering of the purchase money.—*Blue Ridge Baptist*, Hendersonville, N. C.

Treatment of Puerperal Convulsions.—BY A. W. SHUCK, M. D.,
MOUND CITY, MINN.

I was called a short time since to attend a Scandinavian woman, as I supposed in labor, as I had been previously engaged in the case. Upon my arrival, I found that she had been delivered twenty-four hours before; that within the past four hours she had had three most severe convulsions, each more severe than the one preceding it—in the last of which I found her.

For her immediate relief I administered chloroform, after which, in only a short time, the spasm ceased. Not having access to a drug store, I prepared the following: *R.* Lupulina fl., ʒj.; fl. ex *asclepias tuberosa*, ʒj.; tinct. *veratrum vir.*, gtts. xl. *M.* Sig. Two drachms every four hours.

There was no return of the convulsions, and the patient made an excellent recovery. I would like the comments of my brother physicians on this course of treatment.—*Chicago Med. Times.*

Chronic Ulceration of the Uterus.

I am just testing Lloyd's Hydrastis in a case of chronic ulceration of the uterus, and so far as I have used it, it has surpassed my most sanguine expectations. It is my opinion that it will occupy the top shelf in treatment of ulcerated conditions of the mucus membrane and glandular enlargements.

DR. LOUIS E. COOK.

Uterine Hemorrhage, New Method of Treatment.

Dr. Richardson, in the *Praktische Artz*, thus speaks of a new method of treating uterine hemorrhage, which consists in introducing into the external os a crystal of alum of the size of a hazel nut and pressing it back nearly to the internal os. The uterus quickly contracts, forming a hard coagulum and arresting the hemorrhage. He also notes that the alum besides its hemostatic power possesses also an antiseptic action, and that he has extracted clots of blood which had remained undecomposed in the cavity of the uterus for four or five days. He recommends removing carefully the placenta and blood clots before introducing the alum. Dr. Richardson has employed this method of treatment for twenty years with uniform success, and regards it as preferable to the means most commonly used, tamponing, injections, uterine friction, application of the electric

current, injections of hot or cold water, cold douches to the abdomen, compression of the aorta, and injection of the perchloride of iron. Many of these require special instruments which are not always at hand; others require to be carried out at a great loss of time. Again the injection of styptics is not always free from danger, and the same objections lie against the application of cold. None of these objections apply to the use of the crystals of alum, or perhaps better still the crystals of the double sulphate of aluminum and ammonium. A fragment of crystal may be wrapped in a piece of gauze and introduced into the uterus, leaving an end of the gauze outside of the uterus for convenience in withdrawing the alum when desired. The contraction of the uterus is immediately obtained. This should be allowed to remain for two days without disturbance, at the end of which time an injection of warm water may be thrown into the vagina to wash away the clots of blood. The same treatment may also be employed for hemorrhages arising from other causes, Dr. Richardson having used it with success in two cases of cancer of the uterus with profuse hemorrhage.

Bromidia.

Maurice Hache, M. D., 8 Rue de Tournon, Paris, May 18th, 1886, says: "I have tried Bromidia in two cases, one patient suffering from a slight febrile affection, the other a victim of acute insomnia; in the latter case various preparations of opium had proved useless, and the administration of chloral was followed by lassitude and congestion in the head.

Bromidia produced sound sleep in both of these cases, unaccompanied by any unpleasantness on awaking. In my opinion this preparation is destined to render good service, and I intend prescribing it whenever the opportunity presents itself."

Treatment of Acne.

Dr. Mahlon Hutchinson believes that in ninety per cent. of the cases of acne, of all forms, the exciting cause lies in the genito-urinary organs. Acne may be said to almost invariably manifest itself at the age of puberty, and this happens in such a large and overwhelming majority of cases that it must be considered as more than a coincidence. Until recently he had treated all his cases of

acne, with few exceptions, with potassium bromide and tincture of gelsemium, accompanied with local applications of green soap and sulphur ointment, the success, however, being barely moderate. It then occurring to him that there might be some connection between the occurrence of acne and the genito-urinary organs, he commenced using the cold urethral sound, and he stated that his success was startling often to himself. In one week the improvement was very noticeable, and in six weeks he might have dismissed them cured to all external appearances. He states that in these cases, as in all others, there is actually nothing to direct one's attention to the genital organs, and yet he finds in the last twelve months that of the nineteen cases of acne which he has treated in the male, and seven in the female, fifteen of the former and six of the latter have recovered entirely, while the other five did not continue their treatment long enough to form any opinion of his success or failure. In most of his cases the sound was used exclusively, although he also invariably gave a placebo. His plan has also been for the first three weeks to give some laxative preparation, accompanied by the local application of green soap, benzoin and sulphur ointment. The improvement, except in the mildest cases, is scarcely if at all perceptible. At the end of three weeks he is then in the habit of proposing the use of the cold sound, and, after carefully and plainly explaining its nature to the patients, he has never yet met with a refusal to try its use. One or two weeks only are needed to prove the success of his treatment, and in one or two months the skin will be free from acne, but with numerous scars left to remind them of the past. As regards the treatment of acne in the female, the cold sound would be useless, while its analogue, the uterine sound, would also, for numerous reasons, be out of the question, there being no probability of benefit derived from its use. But the object is to reduce the supposed hyperæmia and allay irritation; this he finds is readily accomplished by means of the hot douche, and he finds that that being the case, acne is also readily cured in the female by the simple use of the hot vaginal douche. Six out of seven cases thus treated have been eminently successful. Dr. Hutchinson reports five cases treated in this way in detail, in all of which success was obtained. He further adds, that in the mild forms of acne local medication, aided by the internal exhibition of arsenic, is sometimes

sufficient to produce cures. In those, however, to which he alluded as cured by this method, the treatment with the cold sound and hot-water douche, the mild types have been excluded. As adjuvants to the cold sound and hot-water treatment he has used the following prescriptions, but has derived but little benefit from them when used alone:

R. Tr. benzoin. simp., ℥ss.; aquæ, ℥j. M. Sig. Face-wash.

R. Sap. viridis, ℥vii.; aq. cologn., ℥jv. M. Solve et filtra. S. To be used as cleansing face-wash.

R. Sulphur precip., ℥ij.; ung. vaseline, ℥vij. M. Sig. Apply once a day.

The above is a useful ointment, more useful, however, in acne rosacea than in acne vulgaris.

As a laxative mixture the following: R. Ferri sulph., gr. xv.; acid. sulph., dil., ℥ijss.; magnes. sulph., ℥ij.; aquæ, ad ℥vj. M. Sig. Two drachms half an hour before breakfast in half a glass of water.

Arsenic given in the following form is sometimes efficacious: R. Sol. arsen. br. (Clemens), ℥ij.; aquæ, ad ℥jv. M. Sig. One drachm t. i. d., gradually increased to two drachms t. i. d.

Sudden Death Following Excision of the Uvula.

Dr. W. W. Tompkins, of Charleston, W. Va., reports the case of a negro, thirty years of age, who asked his advice on account of a constant tickling in the throat and slight difficulty in breathing. Examination showed the uvula greatly elongated and projecting down below the base of the tongue. Its removal was advised, but the patient said he was afraid of an operation, and accordingly a gargle was prescribed; later in the day, however, the patient sent for Dr. Tompkins, and requested him to cut off the uvula. A small portion was accordingly removed, and the patient expressed himself as feeling better. In a few minutes the man's room-mate ran into the doctor's office and said the patient had dropped dead. There had been but little hemorrhage, and the operation had seemed to relieve the symptoms. But the patient had, on the occasion of his first visit, said that he had heart disease, although, as he was wet and dirty, having worked at ditching all night, no physical examination was made. Dr. Tompkins thought of giving ether, as the

patient was so nervous and fearful, but congratulated himself afterward on not having done so. Death was evidently due to cardiac disease, the immediate cause probably being the excitement caused by the operation. The patient's father had dropped dead under somewhat similar circumstances three years before.

A Cure for Love.

A lady who knows its value sends us the following recipe: Take twelve ounces of Dislike, one pound of Resolution, two ounces of the powder of Experience, one large sprig of Time, one quart of the cooling water of Consideration. Set them over a gentle fire of Love, sweeten it with the spoon of Melancholy, put it at the bottom of your heart, cork it down with the cork of a sound Conscience and let it remain, and you will instantly find ease and be restored to your right sense. These things may be had of the apothecary at the house of Understanding, next door to Reason, in Prudence street, in the parish of Contentment.—*Ex.*

Excessive Vomiting of Pregnancy Instantly Relieved by Ether Irrigations upon the Epigastrium.

A young woman, primipara, of feeble constitution, had frequent vomiting since the second month of pregnancy. At the fifth month the vomiting became more persistent, and was accompanied in the intervals with nausea, fainting and general malaise. In a few hours they became so frequent that they succeeded without interruption, producing syncope, absolute prostration of power, noises in the ears, chills, cold and profuse sweats, frequent and filiform pulse. Her life was manifestly in danger. Means the most varied to arrest this vomiting had been employed without result. In their turn antispasmodics had been used (ether, valerian, musk), then opiates, chloral, carbonated and iced drinks, iodine, internally and externally, blisters upon the epigastrium, hypodermic injection of morphine, ether, etc.; ultimately irrigation of ether upon the epigastrium was tried. The effect was instantaneous. A single irrigation sufficed to cut short the vomiting. The patient drew a few long breaths, said she was cured, and felt perfectly well. Later the vomiting returned twice, and each time the ether irrigations arrested all trouble.—**DR. MENDEL** in *Archiv. de Toccol.* We have tried this and found it to be good.—[P.

Carnrick's Soluble Food.

Not long since I had brought to me a child of six months, suffering from the following symptoms:

Constipation, at times irregular action of bowels, regurgitation of food and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment.

It had been given a number of infant's foods in vain, one of which I prescribed myself.

By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally I gave Carnrick's Soluble Food, and had the satisfaction of having it retained, and at last accounts the child was doing nicely.

I am inclined to think that this food is worthy of attention on the part of the profession.

It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur.

It requires no addition of milk.

It has the advantages and none of the disadvantages of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

C. F. DENNY.

Specific for Scarlet Fever and Diphtheria.

Dr. C. R. Illingworth writes thus to *The Medical Press and Circular*: I find that the biniodide of mercury is a specific and prophylactic for scarlet fever and diphtheria.

Both are diseases due to the development of germs in the blood, myriads of minute nucleated bodies in active movement being visible by the microscope on examination of the membrane peculiar to each. Hence, I think, the efficacy of the remedy I name.

As all diseases of this nature deprive the blood of a large portion of its hæmoglobin and fibrin, I prescribe the ammonio-citrate of iron with it. Thus:—R. Sol. hydrarg. bichlor., ℥iij.; potass. iodid., gr. x.; ferri am. citrat., gr. xx.; syrupi, ℥ss.; aquam ad ℥ij.; et solve: fiat. mist. Sig. One teaspoonful every two hours (for a child of from 2 to 4 years).

As soon as all the membranous deposit has disappeared from the

parts affected I give the usual steel and chlorate of potash mixture. As a rule this occurs in from four to five days, but in severe cases it takes ten.

The only and important exception to this rule of treatment is in those cases where the disease is ushered in with vomiting and purging, with scanty rash and collapse. In these, which evidence a rapid liquefaction of the blood by the action of the poison, the iron and chlorate of potash mixture should be given at once in full doses every two hours.

Cocaine in Labor.

Dr. Doliris reports, *Arch. de tocolog.*, fifteen cases of primipara in which cocaine was used, generally in the forms of an oleate 4 : 100. With the exception of two cases, good results were always obtained. It was applied to the cervix during the first stage, or about the vulva and perineum during the expulsion of the head. In thirteen of the cases the pain was almost entirely relieved. Irrigations of corrosive sublimate had been used in the two unsuccessful cases and a portion of the fluid retained, which Dr. Doliris thought interfered with the action of the cocaine. He did not think the pains were diminished any by it, but rather that the expulsive stage was shortened, as the patients suffered so much less they could bring the abdominal muscles into play and bear down to much better advantage.

Arsenite of Bromine in Diabetes Mellitus.

Following the advice of Dr. Austin Flint, Jr., Dr. N. S. Davis, Jr. (*Journ. of the Amer. Med. Assoc.*, May 8, 1886), has been testing the value of liq. brom. arsenitis, and reports that all the cases in which he has administered it have uniformly been improved. The treatment consisted in directions as regard diet, and the use of the arsenite of bromine in doses of 3 to 5 drops three times daily. Of course it is very doubtful as to whether the improvement in the cases reported by Dr. Davis was due to the medicine which was given or to the restrictions of the diet, since, as is well known, the latter alone, without any medication, will, in many cases, be sufficient to produce decided improvement. Dr. Davis gives the following summary as to restrictions in diet which are advisable :

Articles of Food Forbidden—Bread, cake, pastry of all kinds, and

food prepared with flour, cracked wheat, oatmeal, rice. Potatoes, turnips, beets, beans, corn, carrots. Prunes, grapes, figs, bananas, pears, apples, preserved fruits. Liquors of all kinds, whether distilled or fermented.

Articles of Food Permitted—Soups, except those rich in vegetable, meat of all kinds, fish, eggs, oysters. Radishes, cucumbers, cresses, celery, lettuce, spinach, cauliflower, cabbage, tomatoes, oyster-plant, onions, string-beans, parsley, mushrooms, salads, pickles, olives, oil. Lemons, gooseberries, currants, sparingly of raspberries, strawberries, oranges. Milk, tea and coffee without sugar, but with glycerin in its place if desired. More or less variation can be allowed from this in mild cases, and in severe cases more rigor may be required, although it is difficult to hold a patient to a diet more rigid than the above.

Illuminating Gas as a Remedy for Whooping Cough.

While it is no new thing that, to some extent, it has been a fashion to send children with whooping cough to the establishments where illuminating gas is made, that they may inhale the odors which are there prevalent, and that such treatment has been attended with some success, yet it is quite recent that it has been suggested that the same benefit can be derived "at home," wherever illuminating gas is used. From one of our exchanges we take the following:

"One of my children sickened with the disease, which gave every indication of gravity; but, after a day or two, the severity of the initial symptoms gradually subsided, and all trace of the whooping cough disappeared in about ten days. What was the cause? Simply this: Just at the head of the child's cot there was a slight escape of gas, and the little boy got rid of his whooping cough in a marvelously short time. I lost no time in repeating the experiment, and with the like gratifying result. This, then, is the remedy for whooping cough. Let the patient inhale frequently, five or six times at least, the ordinary illuminating gas, which mainly consists of carburetted hydrogen, though probably the vapors of the volatile liquid carbonides of hydrogen that are associated with it are not without their share in producing the result. Let this be done regularly, and, in from three to ten days, the attack of whooping cough will be a thing of the past. The mode of administration is quite simple: Procure a piece of ordinary gas tubing, of sufficient length to reach from one

of the gas burners to the floor, turn on the gas sufficiently to make its odor perceptible, and make the little patient inhale it for a few minutes, as often as convenient; it will not make him cough, but, on the contrary, afford him a grateful sense of relief, and, after a few more inhalations, the more formidable symptoms of the disease will disappear, and the complaint will altogether cease to manifest itself after a few days. I have proved the efficacy of this simple plan of treatment in so many cases of whooping cough that I have no hesitation in recommending it."—*Pharmaceutical Record*.

Contagiousness of Variola at the Beginning of the Eruption.

Lancereaux reports three cases occurring in his hospital service, in which smallpox was transmitted at the beginning of the eruption. From these facts he draws the conclusion that variola may transmit itself on the first or at least the second day of the eruption, since the smallpox patient admitted by mistake in the hospital was transferred two days after the appearance of the eruption. This is, however, not the opinion commonly admitted. An English physician of great celebrity, Herberden, following the citation of Dezateux and Valentine, asserted that he was in possession of facts demonstrating that smallpox could not be communicated until after the second or third day of the eruption, and the persons who had never had it might, up to this period, sleep with those who had it without risk of taking it.—*Bul. de l'Academie de Médecine*.

Sure Sign of Death.

When a great ruler dies in Europe some one calls in his ear three times. Once is enough in Kentucky. A friend steps reverently to the couch of the deceased and whispers—not necessarily loud—"Let's take a drink." If he makes no reply, then he is dead beyond peradventure, and the funeral is proceeded with.—*Archives of Pediatrics*.


Chronic Rheumatism.

Liq. potassii arsenitis, ʒss.; Potassii acetatis, ʒiij.; vini colchici rad, ʒij.; ext. cimicifugæ, fl., ʒiij.; ext. phytolacca, fl., ʒiss.; aqua menth. pip, ʒiij. M. Sig. Two tablespoonfuls of water every four hours.

Cholera Infantum.

The most important, because the most frequent and fatal, diseases of infants and young children are those of the digestive organs, showing themselves by diarrhœa, cholera infantum and dysentery. We consider these diseases as due, in the vast majority of cases, to a want of relation between the digestive power of the child's stomach and the digestibility of the food with which it is supplied, and we have found no treatment (of course after regulating the food) so safe and successful as the administration of Lactopeptine, either alone or sometimes combined with subnitrate of bismuth. Only in a very few cases do we find it necessary to use opiates, and then generally in the form of enemata. We find Lactopeptine to cure the diarrhœa, relieve constipation, and relieve colic; seemingly opposite conditions, but really dependent on the same cause. A good way of giving it to children is to mix it with their food, or with a few spoonfuls of milk. We have had great experience with this remedy, as with other preparations of pepsin, and find it the best suited to children of any we have used.—*The Western Lancet.*

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THE AMERICAN MEDICAL JOURNAL.

VOL. XIV.

SEPTEMBER, 1886.

No. 9.

ORIGINAL COMMUNICATIONS.

ART. XXVI.—Establishing a Practice under Difficulties.—By W. S. BAIN, M. D., CADDO MILLS, TEX.

[CONTINUED FROM JULY NUMBER, PAGE 291.]

My first case had recovered. Moguls No. 1 and 2 looked at me slouchwise and crosswise, and kindly informed the people that what I did for the child's mouth had nothing to do with its getting well. This statement did not take well with the more intelligent of the community.

On the 15th of March, 1880, I was called to see my first case in obstetrics. Moguls No. 1, 2 and 3 were in attendance. The patient, a primipara, æt. 18, stout build, nervo-bilious temperament. She had been in labor five days and nights, and in convulsions five hours. On entering the room a sight met my gaze which I shall never forget. She was being held in bed by several stalwart bucks, the froth flying out at her mouth and nose and the three moguls roasting their mangy shanks around the stove. To a young M. D. the situation was anything but inviting. Well, the fit finally subsided, and the moguls still continued the shin-roasting. I ventured to ask them what the position was. A breech was the reply. After she had several fits they asked me to examine the case, which I did, and found a vertex presenting, first position; foetal head large and well developed; pelvic outlet of patient contracted. I called their attention to their error of diagnosis, and proposed craniotomy, which they promptly refused, but said if they had forceps they could deliver her. I told them they could not. They maintained they could.

I then surprised them by handing them my forceps. Mogul No. 1 took the forceps, and made an effort to introduce them while the patient was lying in the middle of the bed. After a considerable amount of shoving, punching and gouging, he failed. They then insisted upon my making the effort, which I refused to do. I then left, and did not see the patient any more until that night, when I was again sent for. On my return, I found the patient still having fits, and just about exhausted. Moguls No. 1, 2 and 3 still engaged in their favorite pastime—roasting their shanks. Mogul No. 1 attempted to use the forceps while the patient was in the middle of the bed, and again failed. By this time it looked like death was inevitable unless she was delivered speedily. The friends then urged me to deliver her any way that I could. I then perforated the head, evacuated the brains, and delivered in a few moments.

I was asked, on leaving, what I thought of the case. I replied that I thought she would die on the eighth day. She rallied, and all thought she would recover, and I was branded as an ignoramus for saying she would die. On the eighth day she wended her way up the golden stairs, where she is waiting the arrival of her murderers to render her testimony against them, which will sink them still deeper in the jaws of a yawning hell. After her death the song had to be sung in a different tune, so they sang it to the tune that Dr Bain had killed her. I did not see the patient after she was delivered.

[TO BE CONTINUED.]

ART. XXVII.—Vaginal Hysterectomy.—BY MADISON PEERY,
M. D., TEHACHAPI, CALIFORNIA.

Mrs. F., æt. 38 years, mother of six children, miscarried November 20th, 1885. Was confined to her bed for a period of six weeks; was up and around for two or three weeks, when she was again prostrated by the occurrence of a severe hemorrhage, together with the protrusion of a tumor of some kind from the vagina. Her attending physician replaced the tumor, and diagnosed polyp. For a period of three months the lady was treated with tonics, etc., and it was finally decided to remove the troublesome tumor. I saw the lady for the first time April 15th, 1886, in consultation with her attending physician, who had notified me to be prepared to remove a

polyp. Upon examination, I decided that instead of a polyp we had to deal with an inverted womb, and so informed her attendant, who fully agreed with me after making an examination himself. I recommended the use of injections of hot water, with distillate hamamelis, to be freely used, and the hamamelis to be given internally, together with ergot and helonias dioica. This treatment seemed to give some promise of almost complete relief from hemorrhage; but, after a thorough trial, I decided that the only method for saving the life of our patient would be removal of the organ. Accordingly, on May 15th, we proceeded to remove the womb through the vagina, without the previous ligation of its neck recommended by some of our authors. I placed the woman on her back, as in the operation for stone, introduced my hand into the vagina and grasped the inverted organ firmly, withdrawing it from the vagina, making traction sufficient to bring the entire organ into view, then, with a bistoury, I cut through the structures, down to the peritoneal lining within. Giving the almost detached womb into the hands of an assistant, and directing her to hold it well down, I passed four sutures through the cut edges, and the peritoneal pedicle remaining yet unsevered, after getting my sutures well placed, I gave three of them into my assistant's hand, and cut the organ away with one sweep of the knife. I had no trouble in holding the parts down in view, by means of the sutures, until all hemorrhage was arrested. I then allowed the parts to retract, and introduced a cotton tampon. Recovery was rapid, without an untoward symptom. The pulse at no time reached 100. At this date the woman is fully recovered, and bids fair to become a porpoise in dimensions.

ART. XXVIII.—Nocturnal Incontinence of Urine.—By J. M. MANES, M. D., BILLINGS, MO.

About March, 1886, Mr. Anderson, of our place, consulted me concerning bed-wetting, as he expressed it, in the person of his son, aged eight years. He said his son invariably passed his urine every night involuntarily, and his *regular* family physician had failed to relieve it, and he would like to have something done. Consequently I ordered: R. Fl. ex. rhus aromatica, gtt. x., before each meal; tr. nux vomica, gtt. v., after each meal; which resulted in a permanent cure.

ABSTRACTS.

Medical Legislation.*

We denounce class legislative enactments—such laws as are now being placed upon the statute-books of some of the States, with a view to regulate the practice of medicine—as a disgrace to the intelligence of this age and to the people of those States in which they have been enacted.

To the legitimate work of Public Health Associations; of Boards of Health, whether they may be county, municipal, state or national; and of Sanitary officials acting under their direction; no one can make the slightest reasonable objection. The fact may, however, be here remarked that our Sanitary authorities, account for it as you may, are continually advocating or undertaking measures which conflict with the ethical ideas of ordinary, plain people. It is a fact, also, of great moment in considering this question, that “the men whose ideas are most esteemed by the progressive portion of mankind—the philosophers who lead enlightened thought—have for the most part placed themselves on record in downright opposition to many of their pet schemes.”†

The State may concern itself, however, with what is called the public health; its jurisdiction over all public matters is perfectly clear. But it should be as clearly understood that its officials must cease their efforts when the line which divides the public life of the citizen from his private life has been reached.

We maintain that for all the ordinary conditions and incidents of life, or of a commonwealth, the ordinary resources of the community—of law—are sufficient. Government has no more right to enforce a “State Medicine” than it has to enforce a “State Church.” When it elevates one particular school of medicine to special privileges, it will be in keeping to establish a particular church. But either would be an absolute infringement upon the personal or private rights and liberties of the people. Every man should have the same right to elect in matters pertaining to the health of his house-

* Extract from an address by Lemon T. Beam, M. D., at the National Eclectic Medical Association, Atlanta, Ga., June, 1886.

† Henry H. Lyman, M. D.

hold as he has in affairs of politics or religion. There was a time when MIGHT usurped the right of the individual, and subjected men to fines, imprisonment, torture, and even death, if they would not regulate their belief and their private life in accordance with the dominant creed of the State. But with the progress of the race came a spirit of revolt.

For centuries Europe has been the scene of armed protest against the presumption of the Government in State and Church to regulate the life of the subject. Only slaves do not resent such interference with the right of private judgment and independent action. Since the War of Independence, this conflict on the part of the most enlightened portion of the people who seek liberty in this favored country has gone on with varying degree of success; and, as relates to our profession, is still going on between the rival medical organizations; but through the smoke of battle shines the Angel of Freedom, whose form is becoming every day more clearly revealed. Is it not a disgrace, a reproach, to our profession that, among a professedly liberty-loving people, there exists a medical combination which is clamoring for the revival, so far as the practice of medicine is concerned, and even in sanitary matters, of those inquisitorial powers which made civil and religious authority so hateful to our ancestors? The annals of so-called Regular Medicine are one long commentary upon its attempts to regulate the belief and the conduct of the medical community of this Nation.

Would time permit, I could cite declarations from societies—county, state and national—and from leading journals of the dominant school in medicine, to support all charges made or indictments against it. We have plenty of testimony—available, too. It is certainly a candid exponent of itself. It has a history—of its own making. Its literature is all characteristic, very extensive, and now resting on most of our medical book-shelves. Here is one instance, taken from the *New York Medical Record* (it being nearest at hand), vol. xvi., p. 545: "Stated meeting of the Medical Society of the County of New York. The President (Dr. A. E. M. Purdy), after a brief review of the history of medical societies in the State of New York, then proceeded to present the objects for which the Society was organized:

"First, and primarily" (mark this point), "to regulate the prac-

tice of physic and surgery; and, second, to contribute to the diffusion of true science and to the knowledge of the healing art."

A "regular" organization is not, then, in the main a scientific body in its objects and aims—so decided and declared by themselves. In the light of that view, the President discussed the objects for which the Society was established as being, PRIMARILY, TO REGULATE the practice of our profession; and that a knowledge of the healing art was only of secondary importance. For the attainment of the main purpose, he believed the existing laws of the State, the code of ethics and the edicts of the State Medical Society contained provisions, which, if properly enforced, will lead to the suppression of "quackery." He asked: "As a society especially chartered to regulate the practice of physic and surgery, have we done the full measure of our duty? If not," he said, in closing his address, "let us then awake, and make an earnest attempt to expiate our past omissions."

This appeal was made to the "regulars" Nov. 24th, 1879; and in 1880, the infamous act, which still disgraces the statute-books of that State, was passed by the Legislature in the last hours of its session. "The statute," says Prof. Wilder, "is operated solely as an instrument of lawless and licentious medical bigotry and intolerance. Its entire exercise has been in total disregard of medical qualifications, and in the interest of medical sectarianism."

Confronted with such facts, it is no time for Eclectics to fold their arms and cry peace. Our personal rights are invaded, therefore our interests demand that we should be up and doing. And, while not actuated with the malice of the complaining Jew, we should adopt, in an accommodated sense, some of his sayings, by replying to the unjust demands of the enemies, that they are seeking "to disgrace us, to heap scorn upon us, to cool our friends, to heat our enemies; and what's their reason? Have we not eyes? have we not hands, organs, dimensions, senses, affections, passions? Fed with the same food; hurt with the same weapons; subject to the same diseases; healed by the same means; warmed and cooled by the same summer and winter? If they prick us, do we not bleed? if they poison us, do we not die? If we wrong them, they have their redress; if they wrong us, what should our sufferance be but by their example?" And, though we do not say, "that

the villainy they teach us, we will execute," we should resolve, "that it shall go hard with us, but we shall better their instructions," by opposing their bigoted organizations with others more liberal and rational.

As philanthropists, we deeply regret the hostile relations existing between the different schools of medicine. We offer no apology, however, for the comments which we have uttered, or may utter, "on the conduct of the war" by our adversaries. If the so-called "regulars" were, even now, fair, honorable and manly competitors, there would be no occasion for them.

Ligation of the Vertebral Arteries for the Relief or Cure of Epilepsy.*—By J. L. GRAY, M. D., CHICAGO.

The question of the value of surgical interference in the treatment of epilepsy is one that has never been fully settled. It is true that where depressed bone is found as a cause of the epilepsy, no one, at the present time, questions the necessity of relieving the pressure. But, in the class of operations for the relief of the disease to which I am to call your attention, opinions are at wide variance. The majority of surgeons, I think, look upon the operation of ligating one or more of the large vessels furnishing blood to the brain as a sort of experiment to which recourse may be had in bad cases, but with no certain prospect of benefit to the patient. In the present paper, it is my purpose to direct your attention to some of the points relating to the operation of ligating one or both of the vertebral arteries for the relief or cure of epilepsy.

I do not intend to enter into an extended discussion of the ætiology or pathology of epilepsy, but shall confine myself to a simple statement of such facts regarding the anatomy and physiology of the structures thought to be intimately concerned in the disease, and give only such general conclusions regarding its pathology as are necessary aids to a proper estimate of the utility of the operation.

The ligation of the large vessels furnishing blood to the brain for the specific purpose of relieving epilepsy was first proposed in 1831, I believe by a Dr. Brown, of Calcutta, in a paper published in the *Calcutta Medical Journal*, though I am informed that prior

* Read before the Chicago Medical Society, July 19th, 1886.

to that date the operation was performed successfully in this country by a surgeon upon his colored servant. This case, however, is not on record. But from that time up, until a very few years ago, the carotids have been the arteries upon which the operation has been performed. In many cases, the ligation of the carotid has been of decided benefit in reducing the number and severity of the attacks, and in a few instances a complete recovery has been effected.

The operation for ligating the vertebral arteries to control the epileptic seizures was first advised, I think, by Dr. Wm. Alexander, visiting surgeon to the Liverpool Workhouse Hospital, in a paper published in the *Medical Times and Gazette*, of London, in 1881. Since that time the operation has been regarded with some degree of favor; but it still lacks much that is needful to place it among the recognized procedures which may be used in the treatment of a disease, which, perhaps more than any other, has baffled the treatment of medical men up to the present hour.

In order to fully understand the mode of action by which the operation is of benefit in relieving the epilepsy, it is necessary to recall certain facts regarding the anatomy and physiology of the structures thought to be concerned in the production of the disease.

The vertebral artery arises from the first part of the subclavian, passing through the foramina of the transverse processes of the cervical vertebræ, from the sixth upward. On account of the width of the atlas, the vessel, after passing through the transverse process of the axis, is directed obliquely upward and outward across the inferior articular process of this bone. It enters the corresponding foramina of the atlas, and appears on the upper surface of the posterior arch of this bone, where it lies nearly horizontal in a deep groove, and winds abruptly round the posterior edge of the superior articular process. Thence it enters the cavity of the cranium, to pass forward and upward at the side of the medulla, between the olivary body and the anterior pyramid. It soon passes beneath the medulla, toward the median line, where it joins the artery of the opposite side, at the spheno-occipital junction, to form the basilar artery.

Upon the posterior arch of the atlas the artery occupies a triangle, of which the inferior oblique muscle forms the base, the superior oblique and the rectus posticus major the outer and inner sides respectively. Beneath it, on the groove of the atlas, is the

first occipital nerve. At the transverse process the rectus capitis lateralis separates the vessel from the occipital artery.

Before entering the transverse processes of the vertebræ, the artery lies to the outer side of the common carotid. It lies in the triangular space, of which the subclavian is the base, the anterior scalenus muscle the lateral and the longus colli the median border.

The internal jugular vein is in front, and behind the artery is the inferior cervical ganglion of the sympathetic.

During its course through the transverse processes of the vertebræ, the artery is surrounded by filaments of the sympathetic nerve; the vertebral vein lies in front of the artery, while behind it are the nerves tributary to the cervical plexus, on their way to the intervertebral foramina.

The vertebral arteries, with their branches, furnish the blood supply of the medulla, pons, cerebellum and posterior third of the cerebrum, while the carotids furnish the blood supply for the anterior two-thirds of the cerebrum.

The nerve supply of the great vessels going to the head is very intricate and profuse; the three cervical ganglia of the sympathetic are situated opposite the third, fifth and seventh cervical vertebræ. They have numerous filaments, communicating above with the cranial and cervical nerves of the cerebro-spinal system. Branches also pass from the superior ganglion, situated opposite the third cervical vertebræ to the internal carotid, forming, in part, the carotid and cavernous plexuses, and branches also pass from this ganglion to the cranial ganglia. These ganglia also send filaments which unite with branches of the pneumogastric and glosso-pharyngeal, forming the pharyngeal plexus; and plexuses are also found on the external carotid, the vertebral and the thyroid arteries, following their distribution.

The three cardiac nerves also rise from these cervical ganglia of the sympathetic. These ganglia, with the filaments which are distributed to the various vessels about and within the head, contain the vaso-motor nerves for the vessels in question. That these filaments do contain vaso-motor nerves is shown by section of the sympathetic. If the sympathetic be divided, dilation of the vessels results, with a marked elevation of the temperature. If the divided ends of the sympathetic be stimulated by a galvanic current, con-

traction of the vessels in the area to which the nerves are distributed results, while, if the stimuli be sufficiently strong, a state of spasm of the blood-vessels is the result.

The relation between the sympathetic nerves and vertebral artery is very close indeed, and, during its course through the transverse processes of the vertebræ, the artery is surrounded so closely by fibres of the sympathetic that they cannot be isolated without injury to its coats.

These points in regard to the anatomy and physiology of the nerve supply of the vessels in question have been dwelt upon thus fully, because they have a distinct bearing upon the utility of the proposed operation, and, still further, upon the location where the ligature should be applied.

The two principal factors in the classical attack of epilepsy are loss of consciousness and the convulsive disorder. The latter condition I do not propose to discuss: the former, that is, loss of consciousness (without which no true epilepsy can exist), is, in all probability, due to sudden contraction of the blood-vessels distributed to the posterior third of the cerebrum and the cerebellum. This spasm is reflex in its origin, the irritation causing the contraction being, in all probability, in the great vaso-motor centres in the medulla oblongata.

It is generally admitted, I think, that the real seat of local disease in epilepsy is in the great group of centres in the medulla, more especially the vaso-motor centres and the regions closely related thereto, as, for example, the convulsive centre pointed out by Nothnagel. The exact character of this disease is not well understood at present; but it consists, essentially, in some peculiarity of development or abnormal irritability of the centres in question to impressions received from without. This local disease, once present, it is probable, continues through life, and is of such an enduring character that it is capable of transmission by heredity.

Besides this local disease in the medulla, there is weakening of the inhibitory power, or power for control, in the brain.

Supposing, then, this local disease to be present in the medulla, as already stated, and, once present, to continue throughout the life of the individual, how may we explain the phenomena of an attack of epilepsy? In other words, why is it that, with local disease in

the central nervous system always present, there are no constant symptoms of that disease?

It is true that we may believe the local disease to be always present in the centres in question in the medulla in a case of epilepsy; but the morbid excitations which arouse these centres to unhealthy action must come from regions outside the centres themselves; that is, the local disease may be present for years, and yet no fit occur, provided stimuli of sufficient intensity to rouse the centres to unhealthy action are prevented from reaching them.

In the vast majority of cases of epilepsy, the excitations which give rise to the attack start in some part of the digestive tract, from the mouth down, or in the genito-urinary apparatus. These excitations are propagated by way of the splanchnic and pneumogastric nerves, as well as other portions of the sympathetic, up into the medulla, there to excite to unhealthy action the abnormally irritable centres situated in its depths. These excitations are thence transmitted outward along vaso-motor nerves which go to the vessels of the head, and contraction, or spasm, takes place, with the result that the patient loses, for the time being, consciousness. Excitations may come from other regions of the body; as, for example, from the brain itself; but, in the majority of cases, as already said, the excitations start in some region of the body below the level of the atlas or axis.

Such, in mere outline, is the mechanism through which unconsciousness in an attack of epilepsy is produced. Any measures, therefore, which can be adopted to render the centres in the medulla less sensitive, on the one hand, and, on the other, prevent unhealthy excitations reaching them, will go far toward rendering the individual free from the attacks. There are two theories which have been advocated in support of the benefit to be derived from ligating the vertebral arteries for the relief of epilepsy. The one which was first proposed is that held by Alexander. In brief, his theory is, that the operation is of benefit in modifying the circulation, by diminishing the quantity of blood sent to the diseased and hyper-sensitive centres.

He says "the epileptic centres may be rendered hyper-sensitive through some powerful shock. The circulation is, in many cases, restored to the normal, and the hyper-excitability is shown by only one fit or a series of fits.

"In other cases the hyper-sensibility exists, but only produces epileptic attacks in consequence of peripheral excitement, etc."

A full exposition of the views of Alexander, who has, perhaps, performed the operation more often than any other man, have been so fully set forth in articles in the *Medical Times and Gazette*, *Brain* and the *Medico-Chirurgical Review*, as to make it unnecessary for me to restate them. But, as already said, the principal effect which he considers to be produced is a modification of the quantity of blood distributed to the centres in the brain and medulla. There are several objections to the adoption of this theory of the modification of the blood supply to the parts of the brain and central nervous system in which the disease is.

There can be no doubt that ligation of both vertebrals produces a profound effect upon those portions of the brain and medulla supplied by them; but that effect is not, in my judgment, sufficiently permanent to account for the cessation of the attacks.

First of all, after ligation of both vertebrals, the part of the brain which had been supplied with blood by these arteries receives its blood supply from the carotids, through the posterior communicating arteries of the circle of Willis. It is probable that within a very short time these communicating arteries dilate to such an extent as to allow of nearly as great a blood supply to the posterior third of the cerebrum as it received before the ligation of the arteries. It does not, as Alexander leads us to suppose, take months or years to have the collateral circulation established. If this were the case, we should observe those symptoms which accompany cerebral anæmia; for, after ligature of the vertebrals, the posterior third of the cerebrum can only receive blood through the posterior communicating arteries, and they must of necessity enlarge, in order to maintain functional activity of the region of the brain in question. But, as a rule, in cases in which the operation has been performed, no evidence of anæmia is observable immediately after the operation.

In the second place, if the benefit derived is due to diminishing the blood supply to the brain, the operation ought to prove of as great benefit in those cases where the excitation starts in the cortex and is propagated downward into the medulla as in those cases where the excitation arises in some region outside the central nervous system—say in the digestive tract. But such is not the case.

Thus far, I believe, the operation has proved of no benefit whatever in those cases of epilepsy due to cortical disease of the brain, or where the attack is produced by strong emotional excitement of any kind.

The second theory upon which the operation has been recommended is that proposed by Dr. Jewell, of this city. He says: "The mere tying of the blood-vessel itself has never appeared to me to be a rational procedure; for the blood supply to the brain, derived from one of these blood-vessels, is speedily made good through the free anastomoses of cerebral and cerebellar arteries in the circle of Willis and its accessories. Any good done by these operations can not depend, therefore, on cutting off blood supply for any considerable length of time from those parts of the brain supplied by the ligated vessel. According to my view of the pathology of epilepsy, it is in a great measure a disease of the vaso-motor division of the nervous system, particularly involving, directly or indirectly, those great centres of the nervous system that lie at various heights in the medulla.

"Vaso-motor nerves pass out from the vaso-motor centres involved in disease in epilepsy; and these, at the time of the attack, are the pathways of intense discharge to the small muscular arteries of the blood vessels to which the nerves in question may happen to go, and the contractions and enlargements of which these arteries control. My belief is that at the time of the attack in typical epilepsy loss of consciousness is due to sudden vasal spasm within greater or less areas of the brain, more particularly of its cortex.

"In this way is consciousness lost not only, but the inhibitory power of the brain over reflex activities, accomplished through the gray spinal axis, is left to play without needful control, such as is exercised by the cerebrum during the waking state. My opinion is, in respect to these operations, that they do good only when the nerves are tied that accompany the vessels. In this way are the vessels that are finally distributed to the brain itself cut off from communication with the tricky, unstable centres of the medulla, just as a muscle is made to cease its spasm or irregular movements by dividing its motor nerve. In so far as the nerves can be included in the ligature, and completely cut off or severed, ought the operation to be successful, theoretically speaking.

"From what we know at present of wounds of the sympathetic, and of experimental wounds done to portions of the same in the lower animals, it would seem that a firm physiological basis is laid for basing this doctrine. I have been led to believe that it is more important to tie the vertebral than the carotid, because the former supplies more directly the cerebrum and the medulla itself, and, so far as now appears, most of that portion of the brain in which the co-ordinating apparatus of the nervous system must culminate. They also supply, to no small extent, the great sensitive regions of the cortex of the brain. Running up, as they do, through openings in the transverse processes of the vertebræ, they are pretty closely invested with an intertwining network of vaso-motor nerves. When it can be determined, as is often impossible, which half of the brain is first invaded during an attack, the blood-vessels supplying that side of the brain are the ones chosen for ligation. In such cases, I have come to believe that both the carotid and the vertebral should be tied on the same side, if not at the same operation. But in other cases, in which the invasion is evidently bilateral, the operation, to be successful, if at all, should be done on both sides. But in either case, in intractable examples of the disease, the operation, in my judgment, is justified for both sides, and at different times, for the vertebral arteries.

"Guided by theoretical considerations, I have recommended the operations done as high up as practicable."

The question as to the best place to ligate the artery, in view of all the facts, is not an unimportant one. Dr. Alexander has operated at the sixth cervical vertebra. His mode of operating is as follows: "A linear incision, commencing opposite the lower end, and on the outer side, of the external jugular vein, and about an inch above the clavicle, is carried upward for three inches along the external border of the sterno-mastoid. The layers of fascia are cut through, to the same extent, until the fatty tissue over the anterior scalenus is reached. With the finger, the sulcus, between the anterior scalenus and the longus colli, can be opened up, and the sixth cervical vertebra reached by judicious teasing with a strong, blunt probe or director. The artery will be generally easily found, provided no veins are injured. If the vessel is not found there, it will be found running up to the inner side. The sterno-mastoid and the external

and internal jugular veins should be well protected and retracted by good retractors during the operation."

If the artery is ligated at this point, the communication between the middle and superior cervical ganglion of the sympathetic and the medulla is not severed. This allows morbid excitations to reach the medulla through the carotid and cavernous plexuses and the pneumogastrics—a fact that must not be lost sight of, if the theory of Dr. Jewell is adopted.

The high operation, so-called, seems to be the preferable one if we wish to sever, in the most complete manner, communication through the sympathetic between the peripheral nervous system and the excitable centres in the medulla. Between the axis and atlas, Dr. Fenger's mode of operating is as follows: "The patient is placed on his side, with the head turned to the opposite side from that on which the operation is performed. An incision is made from the mastoid process perpendicularly downward three inches through the skin down to the sterno-cleido-mastoid. This muscle, together with the splenius capitis and longissimus capitis, is divided by a blunt instrument, until the transverse process of the atlas is felt. This process, with the transverse process of the axis, is laid bare, and, if the latter is especially prominent, it is nipped off with bone forceps. The fibres of the oblique capitis inferior are then separated by a blunt instrument, and immediately below it we find the artery at its backward and outward convex arch, accompanied by its vein, and imbedded in a small amount of connective tissue. It is needful to carefully isolate the artery, because the vein is very easily torn, and the ensuing hemorrhage makes it exceedingly difficult to bring the artery into view that the ligature may be passed. In passing the needle very great care is necessary, for the position of the artery is such that the concave side of the arch is very close to the bone; and it is only with difficulty that injury to the coats of the artery by the needle pressing against the body of the vertebræ is prevented. It is best to ligate double; but it is doubtful if the artery should be cut, on account of the comparative ease with which the ligature may slip in this position.

Dr. Alexander has reported (in *Brain*, July, 1882) twenty-one cases in which the operation has been performed. These cases were all inmates of the Liverpool workhouse, and were of the most

aggravated character. At the time of the report of these twenty-one cases, three had been quite well for nearly a year; nine others were so free from fits for such a space of time that it might be said a cure would probably result; and eight improved to such an extent that the operation would be justified were no better results ever obtained. One case, a little girl, died from septic poisoning.

In this city the operation has been performed seven times. Dr. E. Andrews, in 1883, ligated the right vertebral, between the atlas and axis, in a man, aged twenty-two, who has had epilepsy for five years, apparently as a result of severe mental shock. He had from twelve to fifteen attacks in twenty-four hours at the time of the operation, and was insane. Eleven days after the operation the patient left the hospital. After the operation, during a period of three weeks, he had only one fit. Since that time his mental condition has much improved, and the attacks, if they occur at all, are much less severe than prior to the operation.

In the "Transactions of the Illinois State Medical Society for 1885," Dr. D. R. Brower reported the case of a child, six years of age, who had the first fit during dentition, the next one in about six months, and since then more frequently, until they averaged one in five days. They had stopped the development of the mind, so that the child was an imbecile. The artery was tied between the axis and atlas, on one side, and five weeks after the operation there was every evidence that it had been beneficial to the child.

Dr. Fenger has performed the operation three times, the first two cases being patients of Dr. Jewell. The first, a man, aged twenty-seven, married, was first seen September 20th, 1883. He had had epilepsy for over two years. He had had a cut on the forehead at the root of the nose, and had been shot on the middle of the nose. He had had both the petit mal and the grand mal, the attacks varying in number from one in six months to two in a single day. A diagnosis of cortical epilepsy was made, the usual treatment with bromides was advised, with no marked benefit, and the operation was suggested. The right vertebral was ligated between the axis and atlas, and an attempt was made to ligate the left; but there was some anomaly in the course of the artery, so that it could not be found. For a time, after the operation, the patient was much improved; but, from a recent report, I learn that his condition is

not perceptibly improved to what it was before the ligation of the artery. The second case was that of a young lady who had been subject to nocturnal epilepsy for years. Every form of medication seemed to be of no benefit in relieving the disorder. As a last resort, she begged to have the operation performed. Dr. Fenger ligated the left vertebral between the axis and atlas. Within twenty-four hours after the operation she commenced to have violent borborygmi, and soon after bloody dysentery set in. The abdominal symptoms did not yield to any treatment which was advised, and the patient died on the third day after the operation. In connection with this case, it should be stated that, through the mistake of an attendant, an over-dose of chloral was administered; but whether this had any affect upon the final termination of the case I know not.

The third case was a patient in Cook County Hospital. He had had epileptic fits for fifteen years. Three months before operation, while under the influence of bromides, he had one fit every day. During the three weeks prior to the operation he had four attacks. On June 9th, both the vertebral arteries were ligated between the axis and atlas, and tied double, but not cut. On June 12th, he was dressed by Dr. Bernauer, and at six o'clock he suddenly got out of bed and attacked a patient in the next cot, and had to be put back by force. The patient said it was an epileptic fit. On July 9th, he left the hospital, having had five attacks since the operation.

The operation has been performed twice since in the County Hospital; but sufficient time has not elapsed to enable us to judge of the results.

The artery has been tied once in St. Louis, and once in Louisville; but the operations were done so recently as to make it impossible to form any conclusions regarding the benefit to be derived.

The operation, thus far, has not, in this country, been performed a sufficient number of times to allow any sound conclusions to be drawn. The reports of Dr. Alexander are certainly encouraging, giving, as they do, the results in the most intractable cases possible to imagine. From all the evidence at hand, I think we may draw the following conclusions:

1. Ligation of the vertebral arteries should take its place as a recognized procedure in the treatment of certain cases of epilepsy.

2. The operation should be confined to those cases in which the exciting causes of the attack come from some region outside the brain.

3. The arteries should be tied as high up as practicable, and the ligature should include all the fibres of the sympathetic accompanying the vessel.

4. Where the side of the brain which is first invaded by the disease can be determined, the artery of that side should be ligated.

5. Where the invasion of the disease is apparently bilateral, both vertebrals should be ligated.

6. This operation should not be done as a substitute, but as an aid to other forms of treatment for the relief or cure of epilepsy.

In the preparation of the present paper, I have received many valuable suggestions from Dr. Jewell, and could not have had access to all the literature on the subject but for his kindness in allowing me the free use of his library. I have also had many valuable suggestions from Dr. Fenger regarding the surgical phase of the discussion.—*Neurological Review*.

Tetany.—BY WILLIAM A. HAMMOND, M. D., SURGEON-GENERAL
U. S. ARMY, RETIRED LIST.

Under the name of "A Variety of Intermittent Tetanus," Dance, in 1830 (*Archives de Medicine*, lxxvi., p. 190), described the affection to which Lucien Corvisart, in 1852, gave the designation "tetany," and which Trousseau, in 1854, called "tetanille." By some authorities it is described as "idiopathic contraction of the extremities." It is much more prevalent on the continent of Europe, especially in France, than in Great Britain, or in this country. I am inclined, however, to think that it is more common among us than is generally supposed, and that cases are diagnosticated as hysterical, or as "cramps," which are in reality instances of tetany. I am not aware that any cases of the disease have been reported by American writers. A few, however, unmistakable in character, have fallen under my observation.

Tetany is usually preceded by certain prodromata, though sometimes its accession is sudden. These consist of numbness, a feeling of stiffness in the limbs, slight muscular twitchings, and occasionally pains, not only in the parts that are about to become the seat of

more active manifestations, but in other regions of the body. A general feeling of fatigue is at the same time experienced, and perhaps an anxiety, accompanied by a sinking sensation at the epigastrium somewhat similar to that caused by hunger. After a period varying from a few minutes to several hours, or even days, as happened in one of my cases, the characteristic phenomena of the affection make their appearance.

Generally one or both of the upper extremities are first attacked, the lower becoming subsequently involved, or even altogether escaping. In a few instances these latter are primarily involved, but such instances are rare. Cases in which the morbid action is limited to the lower extremities are still more infrequently met with. If it begins in the upper extremities, it is usually the case that the fingers are flexed strongly upon the palm of the hand, while the phalanges remain in a state of extension, unless it be the case that the first phalanx is bent so that the nails are pressed strongly into the skin. At the same time the thumb is drawn into the palm of the hand, being covered by the other fingers; occasionally it happens that there is an inequality in the degree of contraction of the fingers, and still more rarely they remain rigidly extended.

The contraction affects the wrist and elbow, and sometimes even the muscles of the shoulder, causing the arm to be elevated, while at the same time all its parts are in a state of intense flexion.

When the morbid process extends to the lower extremities, the toes are generally strongly flexed, though at times they are as violently extended. The gastrocnemii and solei muscles draw up the heel, while at the same time the flexors of the foot cause that member to assume a curved form. Should the muscles of the thighs be affected, which, however, is not often the case, the abductors are the muscles generally most severely involved. It is not often the case that the muscles of mastication, or others of the face, are attacked, the disease presenting in this respect a marked contrast with tetanus. Cases have been reported, however, in which not only these muscles, but the sterno-cleido-mastoid and muscles of the larynx and pharynx were attacked. In very violent cases of tetany the muscles of the chest and of the abdomen are thrown into severe contractions, producing opisthotonos, pleurosthotonos, or emprosthotonos, thus interfering very materially with respiration,

and causing the patient to present very much the aspect of one suffering from tetanus.

In conjunction with the contraction, pains more or less severe are experienced in the affected muscles; they appear to be in direct proportion to the severity of the contraction, resembling those which are associated with ordinary cramps; they seem to be seated either in the muscles or to follow the course of the main nerve trunks. They are often conjoined with the various sensations of numbness that are characteristic of cutaneous anæsthesia; the affected part is generally swollen, red, and hotter than is natural, and sometimes bathed in profuse perspiration.

Variations occur during the whole course of the affection in the degree of intensity of these local phenomena. Sometimes there is a complete intermission of all the symptoms, but such instances are rare—it generally being the case that there is simply a remission in their violence, although this may be almost complete in character.

The pulse is rarely disturbed, except when the contraction of the muscles is at its height, nor is the respiration disturbed, unless in those cases in which it is directly impeded by the contraction of the muscles of the chest and abdomen.

The mind remains clear, and there is no disturbance of special senses except that of touch. Some cases are characterized by headache and dizziness. In very young children, however, there are sometimes convulsions, during which there are strabismus, alternate dilatation and contraction of the pupils, and oscillation of the eyeballs.

The duration of tetany, when left to itself, may be limited to a few days, or it may extend to two or three weeks or even months, during which there are the remissions to which reference has been already made. The ordinary termination is in cure, either spontaneous or through the action of appropriate remedies, to which it is quite amenable. Cases of death, however, have been reported, mostly in infants, and in those instances in which convulsions had existed.

In regard to the diagnosis of tetany, it is probably correct to say that many errors have been made. Doubtless many of the cases that in this country have been reported as idiopathic tetanus were in reality instances of the disease under notice. From traumatic

tetanus it is readily distinguished by the facts that it does not follow a wound, and that it does not begin with pain at the epigastrium or contraction of the muscles of the jaws; but from so-called idiopathic tetanus the discrimination is not so easily made, or rather, it would be a matter of no difficulty, if attention were paid to the distinguishing features of tetany. By this I mean to be understood as saying that, in my opinion, very many cases of tetany are diagnosticated as tetanus, and then reported as cures of this latter disease.

Tetany is also frequently diagnosticated as hysteria, with which affection it has really very little in common; it may be distinguished from this affection by the absence of ordinary hysterical symptoms, and by the greater extent of the contractions. In hysteria the muscles affected are usually those of a single limb, and they are not subject to remissions in the violence of the morbid action. There are no other diseases with which tetany is apt to be confounded.

Among the chief causes, excessive muscular exertion may be mentioned, but, above all, cold and moisture combined certainly exercise the greatest influence in producing the disease. It will be borne in mind that these factors are chief among those which produce the so-called idiopathic tetanus, and hence there is another reason for believing that the two diseases have often been confounded, one with the other.

In regard to the essential nature of tetany, its morbid anatomy and pathology, very little is positively known. Axenfeld locates the disease in the muscles, but the mass of opinion is to the effect that the nervous system, especially the spinal cord, is the seat of the morbid process. What the nature of that morbid process is, is altogether unknown, but probably it is a congestion affecting mainly the antero-lateral columns. This, however, is only a hypothesis based on a knowledge of other diseases in which this portion of the spinal cord is known to be involved.

Relative to the treatment of tetany, it is scarcely expedient even to mention the various remedies that have been employed. It will probably suffice if I state that the bromides are of undoubted efficacy, and that, when properly administered, the contractions cease in the course of a few hours. It is necessary to bring the patient quickly under the influence of the drug. One hundred grains of

the bromide of sodium, dissolved in half a tumblerful of water, should be given at once to the patient, if an adult. This dose will generally suffice to dissipate the contractions and pains, but it should be followed at the end of two or three hours by a dose of thirty grains, and this should be repeated three times a day for a week or even longer, if there are any evidences of a tendency to contractions. I have never seen a case of tetany resist this treatment; the contractions cease in an hour or two after the administration of the first dose of the bromide, and, although the tendency remains, this is kept in check by the subsequent doses, and in the course of a week it disappears altogether. There is no occasion for any special diet, but it is better that the patient should not take active physical exercise during the continuance of the treatment. Electricity, massage, percussions, frictions and liniments do no good; on the contrary, they aggravate the disease. Strychnia is still more injurious, every dose increasing the violence of the contractions. This fact is an additional reason for entertaining the opinion that tetany is essentially a congestion of the spinal cord.

For children smaller doses must of course be given, but it should be borne in mind that they bear the bromides much better than do adults, and that therefore larger quantities in proportion to their ages are required to produce corresponding effects. An infant between the years of three and five may with entire safety be given ten grains of the bromide of sodium as an initial dose, and four or five grains three times a day subsequently.—*New England Medical Monthly*.

The Treatment of Gonorrhœa.*—BY SENECA D. POWELL, M. D.

By gonorrhœa I mean any inflammation of the urethral tract which has been produced either by a specific poison, or by the menstrual fluid, or by leucorrhœal discharges, for I know of no way of distinguishing a urethritis which has for its origin either the one or the other of the above causes. And it matters not what the cause of the urethritis may have been, the fact remains that one is as contagious or virulent as the other.

In the first or introductory stage, if I am fortunate to see the pa-

*From the *Quarterly Journal* of the Clinical Society of the New York Post-Graduate Medical School and Hospital.

tient at that period, I feel moderately sure of giving speedy relief. I begin the treatment by giving a free purgative, preferring those drugs which act upon the lower bowel rather than a saline cathartic. If the patient has not an excessively sensitive stomach, an emulsion of castor oil, combined with a small dose of spirits of turpentine (ʒj), acts well and thoroughly empties the entire tract. I also order two or three drachms of the bicarbonate of soda in Vichy, to be taken in twenty-four hours. Even at this early stage I have found great benefit result from frequently bathing the penis in very hot water. As an injection, a weak solution of the salicylate of soda, two to five grains to the ounce, is used; but more frequently injections of hot water without any medication is preferable.

Injections should be hot.

Latterly, I have aborted gonorrhœal attacks in the first stage in the following manner: After washing the urethra thoroughly with Harrison's urethral syringe, I introduce a rubber canula down below the seat of inflammation, and as I gradually withdraw it, fill the urethra with a dry powder made up of ʒj of resorcin and ʒj boracic acid, which is allowed to dissolve in situ. I repeat this each day if there be any discharge, but so far never have used it oftener than three times. If the urethra is comparatively dry the day after its application, a weak solution of sulphate of zinc, one grain to an ounce of hot water, is frequently used as an injection.

The patient is ordered to remain quiet, and if possible in bed, while the diet is cut down to milk and mush. The syringe which gives the most satisfaction is the small rubber syringe known as No. 1 *a*, and it is always best to have your patient thoroughly understand the proper manner of using it, for I find very few who are proficient in this detail, although they, as a rule, claim to know just how it should be done. I prefer this style of syringe for several reasons:

The nib or point is very short, and no injury to the sensitive and inflamed mucous membrane can result from its use; and, again, the capacity is small, and there is less likelihood of the secretions being driven back into the urethra by a large volume of water. An injection ought always to follow urination if possible. Large quantities of Vichy or other waters should be taken, not only to dilute the urine, but also to facilitate the more frequent use of the syringe after urination.

The second or inflammatory stage follows quickly upon the first if we have been unsuccessful in aborting the disease. In this stage we should be extremely careful not to attempt too much, for I am positive that many of the cases which have come under my notice have been exaggerated, and much serious damage has resulted from unjustifiable interference by the patient, under the instruction of those whom he has consulted. If a patient comes to me with his penis swollen and engorged with inflammatory products, the lymphatics inflamed, and the glands in the groins painful and swollen, I make no effort at medication by the syringe, but treat the inflammation locally and constitutionally as I would were it in any other part of the body.

There is always more or less increase of temperature and quickening of the pulse, and I begin my treatment by giving the tincture of aconite, in two or three drop doses, combined with liq. ammon. acetatis, one to four drachms every two, three or four hours, as indicated. The penis is frequently immersed in hot water or wrapped in borated cotton, and kept wet with lead and opium wash. The amount of bicarbonate of soda and alkaline waters is increased, and the bowels relaxed with mercurial purgative. Just here let me speak of the use of saline cathartics. For several years I have avoided them religiously for this reason: If there be extensive inflammation, and it goes well back into the urethra near to the neck of the bladder, the mucous membrane being very much thickened and the calibre of the canal lessened, there is, as a rule, more or less spasmodic retention of urine, and the administration of any saline cathartic will, in a great number of cases, increase this difficulty. I have seen this not once, but many times. Be as severe in your restrictions as possible, confining your patient to his bed, if need be, and adhere firmly to your low diet. All exercise should be forbidden wherever possible. If it be absolutely necessary that your patient attend his usual duties, a well adjusted support for the testicles should be ordered. Any further interference in this stage of the disease is, in my opinion, injurious, and especially would I avoid *copaiba*. It is not only useless, but, I am positively certain, harmful—increasing the discharge, the ardor urinæ, and the painful erections; occasionally causing a very extensive and persistent rash, to say nothing of its effects upon an irritable stomach. When compli-

cations arise, one must be governed by circumstances. Usually the inflammation is modified in three to five days, the discharge decreases and becomes thicker in consistency, the color being whiter, the scalding upon urinating is gone, and the disease enters into the third stage or stage of subsidence.

A physician's assistance is oftener sought at this stage than in the first or second, as its period of duration is very much longer, and may extend over many months and even years; as in a case which recently came under my care, the discharge having lasted four years. Not until after all inflammation has subsided should we use injections otherwise than as I have cited. My first recipe, upon seeing a patient at this stage of the disease, is a good cathartic; and I usually select something mild and which can be repeated every day if necessary, such as rhei and soda, or compound liquorice, pulverized. I also direct the following injection to be used every two or three hours, if convenient: Zinc sulph., gr. viii; Morph. sulph., gr. iss; sodii bicarb., ʒss to ʒj; water, fʒ.

I restrict his diet to the plainest foods. No seasoning or condiments are allowed. Coffee and tea only in moderate amount and very weak. All kinds of liquors stopped, unless my patient is an habitual drinker and is very much dependent upon his daily dram for his usual appetite and digestion. Very moderate exercise is allowable; but the use of tobacco is entirely, or nearly so, prohibited. I see my patient within the twenty-four hours, and if there be no increase in the discharge or change in its character, and there are no evidences of increased inflammation, I begin the use of copaiba; and this I consider the only period wherein it is admissible. If the second stage has lasted any length of time, I much prefer cubebs, given in powder in ʒss to ʒj doses, three or four times a day. In other words, if the mucous membrane is changed from frequent attacks of clap or prolonged chronic inflammation, cubebs gives the best results. I have tried about every drug suitable for an injection, and believe that sulphate of zinc ranks them all. Next in my estimation is tannic acid. I never use nitrate of silver in any form for an injection. It has proven unsatisfactory in my hands so often, that I have entirely discarded it. Injections should not be strong enough to cause any pain, and are given not only for their astringent effects, but to keep the urethra clean—this being a very im-

portant adjunct, in my judgment. The lacunæ, especially the larger ones around the meatus, frequently gives us a great deal of trouble by acting as pockets or hiding-places for the disease, and time after time it will spring up after ceasing the use of the syringe. I have in many cases passed a canula and rod armed with cotton saturated with the resorcin and boracic acid, as given before, and wiping the urethra thoroughly in its whole pendulous portion. The small granulations which are sometimes present are more rapidly removed in this way than even by the use of the sound.

I do not mean to imply, gentlemen, that this method of treatment is infallible, but I do say that it has given me more satisfaction and more rapid recoveries than any other.—*College and Clinical Record*.

Calcium Phosphate. — BY W. V. RUTLEDGE, M. D., INDIANAPOLIS, IND.

This salt has a chemical affinity for albumen, which forms the organic basis for it in the tissue cells; hence, diseases that have their seat either in the bone, connective tissue or blood cells are the ones that call for the administration of this salt. Growing young people and old persons require it more than others. Yet it is an excellent reconstituent, or constitutional tonic, whenever or wherever there is an indication for such.

I have said it is a reconstituent, yet it is treated of under the head of alteratives by some authors; but to my mind they have a very ill-defined idea as to what *alterative* means really, as we now understand alterative to be the *very opposite* of tonic, or restorative, or reconstituent.

I desire to call the attention of your readers to the fact that phosphate of lime plays a much more important part in animals than is generally supposed. Independently of its influence upon ossification and blood formation, it has a special action upon the *function of irritability*, a function that is universal with contractile fiber or muscular tissue—the function that not only connects the individual with all objects extend to it, but the function that is known as *heterogenous*—and *molecular* sensibility, the great function that receives impressions and immediatly connects them with the nervous system proper. This particular function and the elements that are necessary to its completeness have been designated as the final *expansion*

of the nervous system. Without this function neither assimilation nor nutrition can take place. An extreme deficiency of this principle—irritability—produces death. With all the symptoms of *inanimation*, and a deficiency in a less degree, produces numerous affections, which are connected with a condition known as *lymphatism*. The deficiency in the irritability of the tissue, depending for the most part on a deficiency of the phosphate of lime in the food ingested, or some wrong in the innervation of the system that unfits it at many points, if not all, for the absorption from the blood's plasma of this very necessary salt, the necessary amount of which is reckoned at above one and a half drachms to each adult person daily.

Examinations and analysis have led to the conclusion that the food of the inhabitants of cities is usually defective in this point, and the peculiar conditions of life in cities emphasize it, and give rise to the condition referred to—*lymphatism*—that marks to the observing physician, well informed in his special profession, men, women and children. As a consequence, the milk of nursing women is poor in fixed salts, and especially phosphate of lime, and hence, so many poor, miserable, sickly, unhappy mothers, and feeble, waning and wailing children, babies especially. Even the foetus, as well as the young infant, must suffer considerably from the absence of a substance which is indispensable to their existence and development. I apprehend this to be one of the chief causes of the great number of still-born and prematurely born children, of the prevalence of so many diseases among infants and their large and disproportionate mortality in large cities.—*Indiana Eclectic Medical Journal*.

The Treatment of Purulent Conjunctivitis, with Frequent Instillations of a 2 Per Cent. Solution of Nitrate of Silver.—By JOSEPH A. ANDREWS, M. D., NEW YORK.

When purulent conjunctivitis is fairly established the indications for treatment are: 1. To wash away the infectious material, and as early and thoroughly as possible. 2. To render the conjunctival surface as nearly as possible aseptic. In spite of what might be claimed for certain drugs in the treatment of purulent conjunctivitis, it still remains of chief importance to secure a perfect fulfillment of the

first of these conditions, which implies that there shall be a nurse in constant attendance day and night.

It can no longer be disputed that a bacterium is the contagious principle and active agent in purulent conjunctivitis; and in view of this fact, and the indisputable evidence which clinical experience furnishes of the striking beneficial effect on gonorrhoeic inflammation produced by the use of nitrate of silver, I believe that this remedy possesses qualities which are not found in any other drug employed in the treatment of this disease. It has been found that corrosive sublimate and nitrate of silver are the two agents which are most speedily destructive to the coccus in purulent conjunctivitis. But generally these remedies are employed in a strength which is too great, and consequently actually harmful to the tissue to which they are applied. We know perfectly well that the actual cautery is immediately sure death to all germs with which it is placed in contact; also that certain chemical agents are capable of doing the same, but only in such strength as to be, like the hot iron, destructive to the tissues. Now, if a two per cent. solution of nitrate of silver be sufficiently strong to meet the indications, why employ stronger solutions of the drug which unnecessarily mutilate the tissues? *I employ a two per cent. solution of nitrate of silver from the very beginning of the disease*; for I am convinced that it is capable of doing the most good in the early stage of the disease; and I repeat these instillations frequently during the day. The frequency of the application should be regulated by the condition of the mucous membrane. The more vascular and succulent the conjunctiva, the more frequently should the two per cent. solution of silver be dropped into the eye. Where the vascularity and succulence of the conjunctiva are very pronounced, a twelve per cent. of nitrate of silver may be occasionally *brushed over the inverted lid* (not dropped into the eye), and the instillation of the two per cent. solution continued as before. If the conjunctiva of the eyeball be only slightly affected, the twelve per cent. solution of silver had better be washed off before the lids are replaced; if, however, this part be much involved, the lids may be replaced and the eye washed out, after about one minute, with cold water, and the cold compresses be applied at once. So long as the redness, heat and swelling of the lids are on the increase, iced cloths should be applied to the lids without inter-

ruption, day and night. Every fifteen minutes the lids should be gently separated, and the secretion carefully washed out with bits of absorbent cotton, dipped in a saturated solution of boric acid. For the purpose of effectively irrigating the upper conjunctival cul-de-sac, I have devised a *lid retractor*,* the arms of which are hollow, with a number of perforations in the claw, for the passage of the fluid, which is supplied by a fountain syringe. The upper eyelid should be gently *lifted* from the eyeball by means of this retractor, and the fluid allowed to pass upon the upper cul-de-sac.

Complications of the cornea, etc., may occur in this disease, which must, of course, receive special attention. I only wish to emphasize the value of the two per cent. solution of nitrate of silver frequently *instilled* into the eye and from the very outset of purulent conjunctivitis. But, as I have said, scrupulous cleanliness and incessant care, day and night, cannot be supplanted by the use of silver alone.—*New York Med. Monthly*.

The General Management of Cases of Enlarged Prostate.

In concluding a paper entitled "The Pathology and Treatment of Enlarged Prostate" (*New York Med. Jour.*, July 10, 1886), Dr. F. W. Rockwell thus describes the general management of these cases:

"Three drugs are at the present time given, with the belief that they exert a direct influence on the disease. I name them in the order of their value, so far as I have personally been able to judge of their effects or ascertain the estimation in which they are held by the profession. They are ergot, iodide of potassium and chloride of ammonium. Of the first of these I can speak in terms of confidence, since I have seen as decided effects from its use as we ever do from therapeutic agents, and in cases where no other treatment was applied. I can see why, on general principles, it should act on the muscular tissues of both bladder and gland, and I give it, accordingly, in full doses.

"One of my patients, who had an immense posterior and lateral hypertrophy, and who was relieved of his first retention by the smallest catheter I own, after taking pounds of the drug for a year or

* This instrument is made by W. F. Ford, of Messrs. Caswell, Hazard & Co.

two, was completely relieved of his symptoms, and that with no instrumental treatment, except that necessary to empty his bladder in a few attacks of retention. Improvement of a marked character was manifest during the first three months of treatment, and I have seen the same benefit in other cases, even where cystitis of a severe grade complicated the original disease. This drug I accordingly give in most of my cases, watching my patient's general health, instructing him in the daily use of the catheter, where chronic retention exists, and also in irrigating the bladder, if cystitis exists or is threatened; warning him to report any unusual appearance in his urine, watching its reaction and specific gravity from time to time for any indications as to treatment; impressing on him the danger of being placed in circumstances where he cannot empty his bladder at will; also, that he shun cold and damp, and protect his skin by suitable flannels worn next it the year through; that he be temperate in diet and drink, and especially as to quantity and quality of the latter, even with water, tea or coffee, making his daily consumption proportionate to his experience of his actual need, and warning him that any excess of fluid in his bladder will not be tolerated, as in youth; and, lastly, I endeavor to have him acquire regular habits as to the time of passing water, especially if he has to irrigate or artificially empty the organ. Strict observance of these rules makes the life of sufferers from even advanced prostatic disease tolerable, in many cases comfortable."

A Medical Directory of the United States.

"We are in receipt of a volume of 1452 pages, containing the names of nearly 80,000 persons who are practicing medicine within the United States and the Territories. They are arranged alphabetically, by State, city and post-office, each name being accompanied by all the information attainable as to place and time of graduation. A numeral after each name refers the reader to a list of colleges, in which is found, arranged by States, the college from which each individual was graduated. All "schools" are represented, each being designated by its proper initial, and in cases where no list of diplomas could be obtained from the college issuing them, the graduates of such colleges are marked as unverified. A full list of medical institutions is given for each State, and there is an alphabetical index

having opposite each name the number of the page upon which the name occurs, which makes it easy to find and locate every individual whose name appears in the volume. There are, in addition to this, full lists of all the medical colleges in the United States and Canada, and of the medical journals published in the United States, and also the medical rosters of the Army, Navy and Marine Hospital, and of the examining surgeons appointed by the Pension Bureau. The magnitude of such a work, the almost unsurmountable difficulties met with in its preparation—which, however, from a careful examination of the work, we think the publishers have succeeded in overcoming in a most satisfactory manner—and withal the inestimable value of the volume to every one who ever has occasion to refer to a medical directory, entitle the publishers, Messrs. R. L. Polk & Co., of Detroit, to no small meed of praise. As a specimen of book-making, the directory compares very favorably with any work of its kind that is published.”

This is from the *New York Medical Journal*, and we endorse every word of it.—[EDITOR.]

A Simple Method of Removing Wens.*—BY DR. C. LAUENSTEIN, HAMBURG.

The skin over large wens of the scalp is often so thin that in the commonly practised method of extirpation, with a free incision over the convexity of the tumor, the sac is often ruptured, in spite of all care, and through collapse of the walls of the sac, the separation of the skin is rendered difficult and protracted in a disagreeable manner.

This accident, unless it is a case of inflamed wen, may be avoided with certainty by a simple expedient, which has recommended itself to me on account of the rapidity of its execution, and which I take the liberty of describing in brief for the benefit of colleagues to whom it often happens to be pressed for time, or for those who, living in the country, are obliged to operate without skilled assistants.

After shaving and cleaning the neighborhood of the wen, I make a radial cut 1—1½ cm. long through the skin where it is separated from the capsule of the wen, for instance, on the back of the head

* Translated for the *Northwestern Lancet* from the *Centralblatt für Chirurgie*, June 26, 1886.

at the lowest point of the base of the tumor; through this slit I introduce the slender handle of the scalpal used, or a similar instrument, between the skin and the sac, more or less deeply, according to the size of the tumor: this is very easily accomplished, and I then make several sweeping movements of the scalpel handle to the right and left, thereby separating with ease the sac from the skin. The elasticity of the skin allows almost the whole circumference of the wen to be separated in this way in a few seconds. I then cut, with one snip of the scissors, the skin over the crown of the tumor as far back as is necessary, and shell it whole from its seat. There is often no bleeding because of the division of the vessels of the sac by a blunt instrument. The rest of the treatment—sutures, drainage—is not affected by this procedure; nevertheless, I would add that any crushing or tearing of the edges of the wound is completely avoided.

I believe that anyone who has once removed in this manner a wen lying under a very thin skin will never again begin the little operation with a free incision over the convexity of the tumor.

An Anodyne for Use in Vesical Irritation.

Dr. W. P. Copeland, of Eufaula, Ala., writes: "In almost every community there are old men who suffer from enlarged prostates, accompanied with a chronic inflammation of the neck of the bladder, rendering them miserable sufferers, and a care and anxiety to their friends and families. Having had the professional care of several of this class of cases, and dreading the tendency they so frequently incur by the administration of opium for the relief of pain, I resorted to various washes for injecting the bladder, resulting in my adopting a solution of benzoate of soda, ten grains to one ounce of water, with twenty to thirty drops of the green tincture of gelsemium; this is warmed, and injected by the patient through a soft-rubber catheter whenever the pain is severe, and the catheter withdrawn, leaving the medicine to be voided in twenty or thirty minutes; or where they are not able to pass anything from the bladder the catheter is reintroduced, and the medicine allowed to escape. My experience with this treatment has been so satisfactory that I cannot refrain from giving it publicity in the profession."—*Med. Record.*

EDITORIAL.

Positive Medication.

We have received, from Frederick Stearns & Co., samples of their new forms of medicines—alkatrites, alkametric granules and alka. dermic pellets. They are beautiful in appearance, and will, no doubt, fill a place in the profession. A very neat pamphlet accompanies the medicines, called "*Positive Medication.*" Those who desire to test and use this new form of medicines can address Frederick Stearns & Co., Detroit, Mich.

The Eclectic Medical Society of Missouri.

The regular annual meeting of this society for 1886 will be held in St. Louis, at the American Medical College, 310 N. 11th street, commencing on Wednesday, Oct. 6th, to remain in session two days.

It is earnestly expected that the attendance will be full, for it is to the interest of every man identified with the Eclectic branch of the profession to show himself ready and willing to work in the cause of medical reform and progress. Let this be a big meeting.

Address M. M. HAMLIN, Sec'y.

Fluid Golden-seal, Colorless.

Of late, a lively interest has been awakened in the preparation of different forms of hydrastis, the most popular one being a colorless fluid. Different Pharmacists have experimented, and we have presented to us their results. In a previous issue we described "Fluid Hydrastis," and detailed its various uses. Recently we have been testing "Fluid Golden-seal," as prepared by Parke, Davis & Co., and we find it to be a very superior preparation. We do not hesitate to reprint the claims of the firm for their preparation, and can heartily endorse what they say about it:

"Golden-seal is ranked by many physicians as one of the few indispensable remedies of the materia medica. It has been employed with success internally in the treatment of dyspeptic dis-

orders, but its most important uses have been those depending upon its effect when locally applied, especially to diseased mucous membranes. By those who are familiar with its action it is regarded as a specific in the treatment of catarrhal inflammations.

"There have been, however, serious drawbacks to the popularity of Golden-seal. The intense bitterness of its preparations restricted its use in internal medication, while the persistent yellow stains it produced were justly a cause of complaint when the remedy was applied topically, particularly in the treatment of diseases of a private nature.

"The discovery, to which we have already called attention, that the valuable properties of Golden-seal depend not upon its bitter yellow alkaloid, berberine, but upon a colorless and comparatively tasteless principle, hydrastine, renders it possible to obtain the desirable effects of the drug in the use of a preparation free from the inconveniences that have been mentioned. Physicians may, of course, employ hydrastine itself, but they find some difficulty in obtaining the alkaloid, and do not readily adopt in place of the familiar preparations of the drug a substitute the therapeutic equivalent of which they must learn by experiment. We have therefore placed in their hands a solution designed to be in every respect the equivalent of the fluid extracts they have been accustomed to use. This they can substitute in their practice for the fluid extract in doses already familiar, and may expect to obtain similar results.

"The especial uses of the Fluid Golden-seal, colorless, are the following: As an internal remedy, it is unsurpassed in the treatment of all forms of septic dyspepsia and diarrhoea. Hydrastine is a powerful antiseptic, with scarcely any poisonous action. Hence, where there is indigestion dependent upon the fermentation of the ingesta, a condition characterized by gastric distress, eructations of gas, and often by vomiting, this agent will give prompt relief. In the diarrhoeas of infancy, it is in like manner of great service, resembling in its action mercury, but free from any danger of injurious after-effects. The remedy may be given to children in 5- and 10-drop doses, combined with pepsin and bismuth, and the same combination is useful in the treatment of the dyspepsia of adult patients.

"As a local application, the Fluid Golden-seal, colorless, may be employed in the treatment of a great variety of sub-acute and

chronic inflammations. Diluted with three times its volume of water it forms one of the best remedies for gonorrhœa and gleet. It may be combined with any of the other remedies commonly prescribed in these difficulties. It is equally useful in chronic pharyngitis and laryngitis, and may be applied in the form of a spray in similar diseases of the bronchial tubes. In short, the range of uses of the remedy is the same as that of other preparations of Golden-seal.

"To physicians who are already familiar with the therapeutic uses of hydrastine our new preparation will be superfluous, except as it may facilitate prescribing; but to the multitude who would use Golden-seal oftener if it were not so bitter, and did not leave such tell-tale stains, it will be a boon. We trust our friends will report to us the results of clinical experience in the use of the preparation.

"The Fluid Golden-seal, colorless, is put up in packages uniform with our fluid extracts. It contains no alcohol, and is miscible with water; does not stain, as do most preparations of golden-seal; is free from bitterness; produces all the therapeutic effects peculiar to golden-seal, while it has none of the drawbacks attaching to the preparations that have heretofore been used."

In many cases of sore mouth, sore eyes, vaginal and uterine inflammations, and urethral troubles, it is a very excellent remedy.

In cases of vaginal inflammation, accompanied with more or less uterine tenderness and leucorrhœa: *R.* Fluid golden-seal, colorless, distilled ext. hamamelis, aa ℥j .; aqueous ext. pinus canadensis, ℥ss .; water, ℥jss . . *M.* Saturate a small wad of antiseptic cotton with this, and through a Staufer speculum place it in the vagina. Applications of this kind are very effective.

MISCELLANEOUS PARAGRAPHS.

Hydrastis Canadensis in the Treatment of Uterine Hæmorrhage.

M. A. Mendes De Leon, of Amsterdam (*Arch. f. Gynäk.*, xxvi., 1; *Ctrbl. f. Gynäk.*, Jan. 23, 1886), reports his experience in the treatment of about forty women with *hydrastis canadensis*. The remedy seems to have afforded the best results in cases of menorrhagia accompanied with severe dysmenorrhœa as a consequence

of determination of blood to the generative organs; in catarrhal inflammation of the body and neck of the uterus; in chronic pelvic cellulitis with severe abdominal pains at the periods; in prolonged and painful menstruation connected with displacements, especially retroflexion and retroversion; and in hæmorrhage at the menopause. Instances are given of each of these five sorts of cases. In almost all of them the drug diminished the bleeding, and generally it overcame unnatural frequency of menstruation. The author observed no untoward effect beyond slight digestive derangements, except in two cases; on the other hand the appetite was improved. In the two exceptional cases, nervous symptoms made their appearance, the pulse became very weak and frequent, the patients were depressed and had hallucinations, and one of them suffered with transitory delirium and loss of consciousness. The drug was usually given for fourteen days before a menstrual period, in doses of from fifteen to twenty drops (preparation not specified), four times a day; in a few cases it was given during the whole intermenstrual period. Like Schatz, the author attributes the efficacy of hydrastis not so much to any action on the muscular tissue of the uterus as to its exciting vascular contraction and consequent diminution of pelvic congestion.—*New England Med. Monthly.*

Ingluvin.

A very learned name for a remedy is ingluvin. It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals. The honor of its discovery and utilization, in its crude state, remotely dates with the Chinese gastronomer, as well as to the Caucasian chemist, in its refined condition. From time immemorial the inhabitants of the Celestial Empire have used the gizzards of chickens and ducks in nearly all made dishes. Their writers have recommended the practice as a sovereign treatment of dyspepsia, weak stomach and vomiting. A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting pasté is taken at each meal, until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Medi-

terranean peoples. Strange to say, it was never learned by the great nations of Europe until the latter part of the present century. On the other hand, the organic chemists of Europe discovered, about 1850, a powerful nitrogenous radical in the gizzard. Experiments thereafter showed it to possess many of the qualities of pepsin.

These experiments led to its isolation. Numberless experiments have proven it to be a very valuable addition to therapeutics. Where pepsin refuses to act, and where, in severe cases, it has even been rejected by the stomach, ingluvin affected relief rapidly and with the greatest ease.

In four recent cases of poisoning by root beer (Brooklyn, June, 1886), Dr. George Everson, Jr., a well-known physician of that city, reports that after pepsin and all similar compounds had been rejected by the stomachs of his patients, ingluvin stayed the retching and enabled them to retain and digest food.

Dr. Lassing reports a similar experience in several cases of acute dyspepsia.

A priori, it would seem as if ingluvin should be more efficient and potent than pepsin in many cases of physical disorder.

Our poultry are chiefly granivores, and have no beak or other buccal apparatus for crushing the hard grain and seeds on which they so largely feed. The food is swallowed when apprehended, and passes directly into the crop or gizzard. This seems to act both mechanically and chemically. Its interior walls are covered by a dense, hard cutaneous membrane, surrounded by muscles of the most powerful type. Along with the food is always a small amount of sand and gravel. The organ acts apparently by bruising and cracking, rather, than is commonly believed, by trituration. The motion of the ingluvial muscles is accompanied by a slow but continuous exudation, from the walls of the crop, of a strong organic fluid, of which ingluvin is the chief constituent. The hull of the grain or the shell of the seed is broken by the pressure of the walls and the gravel, and their interior is exposed to the chemical action of the ingluvin. By the time it reaches the stomach it is ready for the gastric juices. From this point on, digestion proceeds as with the higher animals. As the gallinaceæ have very small salivary glands, and as the fluids secreted by these resemble the secretion of the parotid, rather than that of the sublingual and submaxillary glands of the human being,

it would seem as if ingluvin played a double part, exercising the functions of the ptyalin of the saliva as well as the pepsin of the stomach. Ingluvin is prepared by the far-seeing chemists, Wm. R. Warner & Co., of Philadelphia. It is made from selected gizzards, and is so carefully extracted as to be free from all foreign organic bodies. It is already known and appreciated by the medical profession. The *American Analyst* bespeaks for it the same appreciation by its readers. We extract the following:

Prof. Roberts Bartholow, M. A., M. D., LL. D., in his late work on "Materia Medica and Therapeutics," says: "INGLUVIN. This is a preparation from the gizzard of the domestic chicken—*ventriculus callosus gallinaceus*. Dose, gr. v.—ʒj.

"Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy*. It is a stomachic tonic, and relieves *indigestion*, *flatulence* and *dyspepsia*."

The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.—*American Analyst*, Aug. 1, 1886.

The Uses of Lloyd's Hydrastis.

Physiological Action.—[By Prof. Roberts Bartholow.] It is promptly absorbed, for the action begins in a few minutes after it is thrown under the skin of an animal. It affects the system and causes tetanic convulsions in one half the time necessary for the official fluid extract to produce an impression, and it has about twice the strength of the latter.

Genito-Urinary Diseases.—[By Prof. Wm. Judkins.] For Ulcerated Cervix.—Saturate a tampon of absorbent cotton with the solution, full strength, and apply every third day through a speculum, allowing it to remain *in situ* twenty-four hours. During the interval, use an injection of one ounce of Lloyd's Hydrastis to a pint of hot water, morning and evening.

In Leucorrhœa.—Inject a solution of one or two ounces of Lloyd's Hydrastis, in a pint of water, two or three times daily.

For Chancroids and Chancres.—Apply with a cotton mop, full strength. Immediate benefit will result.

In Gonorrhœa.—Dissolve one grain each of acetate of zinc and acetate of lead in a mixture of seven drachms of water and one drachm of Lloyd's Hydrastis. Use as an injection. Acute and chronic cases yield in a remarkably short time compared with former modes of treatment.

Throat Diseases.—[Uses in Throat, Ear and Eye, by Prof. Robert Sattler.]—In simple Catarrhal and Granular Pharyngitis, Rhinitis, also in the more acute ulcerative or aphthous varieties of catarrhal inflammation of the pharynx, tonsils and retro-pharynx.—Mix one ounce of Lloyd's Hydrastis with four or six ounces of water, and use as a spray; or mix one ounce with two ounces of mucilage of acacia and five ounces of water, and use as a gargle and wash. In warm weather add a few drops of carbolic acid to preserve the mixture.

In Subacute and Chronic Naso-Pharyngeal Catarrh, the above spray application has a most beneficent effect, where the mucous membrane is dry and parched, and the secretions are altered in quality and quantity. In the hypertrophic form of this troublesome affection, with profuse discharge and thickening of the mucous lining of the nose and retro-pharynx, it may be used in stronger solution, equal parts of Lloyd's Hydrastis and water, or even stronger.

In many cases, astringent or antiseptic remedies may be combined with the spray or gargle, among the best (antiseptic) being the addition of from four to six grains of sulpho-carbolate of soda or zinc to each fluid ounce of the spray liquid; and the best astringent combination being—Lloyd's Hydrastis, one fluid ounce; aqueous fluid extract of pinus canadensis, half fluid ounce; distilled water, six and a half fluid ounces. Mix.

Eye Diseases.—Catarrhal and Purulent Conjunctivitis, in their various forms.—A useful, cleansing and soothing remedy is: Lloyd's Hydrastis, half a fluid ounce; water, eleven fluid ounces. Use as a wash and to bathe the eye.

Ear Diseases.—Chronic Otitis Media Purulenta, in some forms,

with profuse muco-purulent discharge.—Half an ounce of Lloyd's Hydrastis to six or eight of water; or, one ounce of Lloyd's Hydrastis, four ounces of creosote water, and five ounces of water. Use either of the above as a wash by syringe, or, drop ten or fifteen drops into the ear after syringing, twice a day. In some cases combination with salts of zinc is desirable.

Internally.—In Atonic Dyspepsia, and in Anorexia and in Fermentative Dyspepsia.—Under proper dietetic restrictions, give before each meal a teaspoonful of the following mixture: Tinct. nux vomica, gtt. xx.; tinct. podophyllum, ʒss.; Lloyd's Hydrastis, ʒji.; distilled water, ʒji.

Some forms of dyspepsia are immediately relieved by tablespoonful doses, before meals, of a mixture of Lloyd's Hydrastis, ʒji., and old-fashioned elixir of calisaya, ʒvi. This is very palatable.

In Chronic Gastritis and Gastric Catarrh.—Give ten-drop doses of Lloyd's Hydrastis three times a day in a little water.

In the Vomiting of Pregnancy.—Give twenty to forty drops of Lloyd's Hydrastis in a little Catawba wine an hour before rising.

In Malarial Troubles.—Associate Lloyd's Hydrastis with quinine or cinchonidia. You can cure intermittents with a third less quinine, and avoid cinchonism.

The following will be found reliable: Quinine, ʒss.; Lloyd's Hydrastis, ʒss.; elix. simplex, q. s. to make ʒiv. A teaspoonful every two or three hours.

In Convalescing, it is a good tonic, in doses of from five to twenty drops in water or milk, three times a day. It acts kindly on the intestinal mucous membrane, and is strongly indicated in imperfect recoveries from diarrhoea, dysentery, etc.—*Exchange*.

Headache Cured by Salicylate of Sodium.

The New York *Medical Abstract* quotes from the London *Practitioner* as follows:

The action of drugs in megrim and gout is remarkably similar. Trousseau and others have used colchicum with benefit in megrim, and other observers have remarked on the similar curative effects that certain purgatives, as calomel, have in both gout and megrim; and, again, others have used iod. pot. with considerable success; but the great value of salicylate of sodium in some of these head-

aches is more remarkable still. It seems to me to be most certainly curative and not merely palliative, as it removes the concomitant gastro-intestinal troubles along with the headache. Thus a dose of brom. pot. and sp. ammon-aromat. will sometimes remove a slight headache, but it will probably return. With salicylate treatment it is quite a different matter; the headache is gone once and for all, and shows no sign of return for a considerable period. Its action in this respect is very similar to that of calomel, and, like calomel, it seems to free the secretions of the mouth, and at the same time slightly relaxes the bowels.

The dose of salicylate is two to three grains every quarter or half hour, for three or four doses or more, as recommended by Dr. Brunton, and begun when the headache first comes on; this is sufficient. A patient might carry dr. i. of the powder in his pocket, and take a little when a headache threatens, and he will soon learn to judge the proper dose by sight.

And as to diet, from which meat, cheese, beer, wine and spirits are absent, I will only say that experience has more and more convinced me of its value in such cases.

Delirium Tremens.

I treated the most intractable case of delirium tremens it has ever been my misfortune to meet. I used all the usual remedies, and the active delirium continued unabated for more than two weeks, the patient going into a typhoid condition, from which he rallied only with the most careful attention and judicious treatment. I assured him a second attack would be fatal, and for several months he faithfully abstained from the use of alcohol. About January last, however, he broke over and began drinking harder than ever, and I daily looked for the return of "snakes."

In the latter part of July last, I was called to see the same patient, and found him suffering with a severe cystitis, brought on by exposure and excessive stimulation. I assure you I undertook the treatment of the case with considerable trepidation, fearing delirium, as I had, of course, to withhold stimulants.

I used other nervines, and found that the stomach was in such a congested condition that it would not bear them. Nervousness was prominent, and the dread persistent. I put him on *Celerina*, which

was well retained by the stomach, and promptly relieved the nervousness. In a few days, however, my supply was exhausted, and it was some time before I could replenish it, during which time snakes were beginning to appear; but as soon as I got the Celerina and began its use, they promptly *retired*. The patient is now well, and uses neither stimulants nor Celerina. I wish I could tell you all about this case. The patient says that no matter what occurs or what symptoms arise, his wife says "take Celerina." I consider Celerina *par excellence*—the nerveine.

Talcott, W. Va.

W. S. COE, M. D.

Creosote a Specific for Erysipelas.

Time was when the advocate of a specific was laughed at by the scientific world, but since it is known that so many forms of disease are the direct result of some kind of germ life, it is no longer a misnomer to call a medicine which will certainly and always destroy the germ which produces so many forms of disease a specific.

In the light of this definition, founded upon the experience of forty years successful practice in treating this form of disease with creosote, the writer is prepared to indorse the heading of this article. Having used all the different remedies ordinarily prescribed, they have long since been laid aside, and this one used in all forms of the disease exclusively, and with uniform success.

In 1863 it was the writer's fortune to spend several weeks in a military hospital in Memphis as a volunteer surgeon, under the direction of Dr. Lord. In conversation with him, the use of this article was mentioned, which appeared new to him, and a case was put under treatment with it, with such prompt, favorable results as to elicit his hearty commendation, and, at his suggestion, Surgeon-General Hammond was informed of it.

All injuries, of whatever kind, have been treated with dressings of this remedy, and where this has been done from the first to last in no instance has there been an attack of erysipelas.

The usual manner of application was in solution of six to twenty drops to the ounce of water, keeping the parts covered with cloths constantly wet with it. In ulcers or wounds it may be used in the form of a poultice, by stirring ground elm into the solution, the strength to be regulated according to the virulence of the attack.

Ordinarily, ten drops to the ounce is strong enough for the cutaneous form of the disease and in dressings for wounds or recent injuries. If the inflammation threatens to spread rapidly, it should be increased to twenty or more drops to the ounce of water.

The antiseptic properties of this remedy render it of additional value, as it will certainly destroy the tendency to unhealthy suppuration, and thus prevent septicemia.

In the treatment of hundreds of cases of erysipelas but one fatal case has occurred, and that one in an old and depraved system. In the less violent attacks no other remedy was used, but where constitutional treatment was indicated the usual appropriate tonics were prescribed.

There is no question in my mind but that creosote is as much a specific in erysipelas as quinine is in intermittent, and may be used with as much confidence.—*St. Louis Med. Jour.*

Summer Diarrhœa.

In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of Listerine, in doses varying from ten drops to a teaspoonful (with or without water) has a most salutary and pleasing effect.

It can be administered at short intervals after eating, as soon as regurgitation, distension or acidity occurs. Its action in arresting excessive fermentation is prompt; besides, it exercises a decided sedative influence on the mucous membranes of the stomach.

The thymol, menthol and boracic acid, which, with the quota of alcohol necessary to their proper admixture, form the principal elements of Listerine, lend to this compound a special value in this class of cases.—*New York Med. Jour.*

Removal of Foreign Bodies from the Ear.

Jonathan Hutchinson, in the *Br. Med. Jour.*, says: "I have never, since I was a student, used either forceps or scoop; and for the purpose of extracting hard bodies from the ear I hold that they are most dangerous. With a flexible silver wire loop, or, if need be, with two placed at right angles, I have repeatedly succeeded, when all other means have failed. Thus, not only is the loop quite devoid of danger, but it is both more easy of use and far more efficient

than any other method. It is impossible that it can injure the membrana tympani or the walls of the canal. The method of procedure is, after having put the patient under an anæsthetic, to introduce the loop gently into the ear, and turn it about until it is believed to have got behind the foreign body. This it will often do at once; but sometimes a little patience is necessary. In one instance I took out a heavy piece of lead in this way with very little trouble, using two loops at right angles with each other. The simplicity, safety and efficiency of the method make it desirable that it should be better known.

Tongaline.

Have used Tongaline for acute rheumatism, and the excellent results obtained exceeded my expectations. Shall continue its use whenever indicated.

H. G. C. ROSE, M. D., Milbank, Dakota.

I used Tongaline for a patient who had suffered with neuralgia for over a year, and in that time had tried almost all the remedies recommended for that complaint. The pain left after taking the second dose, and he was thoroughly cured before he had taken 2 oz.

T. W. KELLER, M. D., Mahoning, Armstrong Co., Pa.

Potassium Permanganate in Amenorrhœa.—E. E. SMILEY, M. D.

Having noticed in the *Therapeutic Gazette* of June 15, 1886, an article upon the emmenagogue effect of potassium permanganate, with the request appended that any one who had tried it, either successfully or unsuccessfully, would let you know the details of his experience, I record my experience with it. When I first began the practice of medicine I found myself frequently in need of an efficient emmenagogue, and in reality found none, but after years of search I chanced upon this remedy through the experience of some one, and I have been well pleased with its effects as such, but dislike its tendency to irritate the stomach.

CASE V. will illustrate very well its claims as used by me. C—, æt. 18 years, health in every respect good, family history free from any venereal diseases or the manifestation of any transmitted affection; married at fourteen years, conceived, and aborted at the third month of pregnancy; her menses appeared once after and then be-

came suppressed, and so remained for the last two years and over, with occasional head-symptoms. I preceded the permanganate of potassium, as is my custom, by introducing the sound at least three times during the first week of treatment, and puncturing the os tincæ to the depth of from the eighth to a quarter of an inch, then following up with 2-grain doses in capsules, three times daily, just before meals, for four weeks. I have never used the manganese salts, being satisfied with the above salt. I can cite Case VI., which may be of some interest in this connection. L—, æt. 19, well made, plethoric, unmarried, breasts well filled out, never menstruated, complained considerably of head-symptoms; treated her as I did Case V., and with satisfactory results in about three weeks. I regard the method as practiced by Prof. E. S. Lewis, of the Medical University of Louisiana, of puncturing the os tincæ in two or three different places excellent, causing thereby a hemorrhagic tendency thereto, then follow on with the potassium permanganate. I could cite other cases, but think this sufficient, as I have never met with a failure in treating amenorrhœa or the various forms of suppressio mensium.

Bromidia.

In the decline of life, when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one-half to one teaspoonful of Bromidia, at bedtime. It may be taken for years, in the same dose, with the same effect and without detriment.

Pruritus of Women.

Whether it arises from the presence of prurigo, urticaria, eczema, herpes, or whether it exists without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these veratria is by far the most efficacious. When the pruritus is localized at groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment, consisting of thirty parts of lard and a quarter of a part of veratria, usually gives relief. When the pruritus is generalized, the internal administration of the veratria is preferable. Two centigrammes should be made into ten pills with liquorice powder, of

which from two to six should be taken daily, either half an hour before, or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six (three milligrammes) is attained.—Dr. Chêvon, in *Le Progrès*.

The Treatment of Rhus-Poisoning.

A timely article upon the treatment of rhus-poisoning appears in a recent issue of the *Journal of Cutaneous and Venereal Diseases*. The poisonous principle of *Rhus toxicodendron* (poison-oak) and of *Rhus venenata* (poison-ivy) resides in a volatile acid known as toxicodendric acid. The disease resulting is known technically as dermatitis venenata. It is a curious fact that this poison is utterly inert with many persons, and, consequently, for the production of the dermatitis there must be some individual predisposition. So far as we can learn, dermatologists have not yet learned what makes up this curious and unfortunate predisposition. The plant is more active apparently in the spring and fall, and, according to some authorities, California is particularly rich in it. Even in standard works, there is a singular confusion as to the two plants which give rise to the toxicodendric acid. The poison-oak, or *Rhus toxicodendron*, is a rare plant; while the poison-ivy, or *Rhus venenata*, is comparatively common. Webster's Dictionary is incorrect on this point.

The disease which the poison produces is a dermatitis which runs a natural course of from one to six weeks, averaging, perhaps, two weeks. Its occasional very mild and brief course has led to the announcement of many specifics for rhus-poisoning. Specifics, however, do not in reality exist, and the most that can be done is to palliate the symptoms and perhaps shorten the period of the inflammation.

The remedies most highly recommended by the editor of the *Journal* are the following solutions: R. Sodii hyposulphitis, ʒj.; glycerine, ʒss.; aq. ad, ʒviij. M. Apply with compresses frequently renewed. When lotions cannot be continuously used, the following powder is freely applied: R. Pulv. zinci oxid., ʒij.; bismuth subnitrat., ʒj.; amyli, ʒv. M. In later stages the following ointment may be given: R. Pulv. zinci oxid., amyli, aa ʒij.; vaseline, ʒiv. M.

Another treatment highly recommended is the frequent application of black wash, followed at night by the following ointment: *R.* Acid carbolic., gr. x-xx.; ung. aq. rosæ, ʒj.; hydrarg. chlorid. mite, gr. x. *M.*

Both Dr. Hardaway, of St. Louis, and Dr. Van Harlingen, of Philadelphia, recommend highly a solution of sulphate of zinc, gr. ij. to O j. A mixture of fluid extract of grindelia robusta, ʒij. to ʒj. of water, is said to be very effective. Cloths are to be wetted with this, and then kept on the parts until they are nearly dry. Grindelia is generally believed to be the most efficient of the vegetable remedies, although Dr. Hyde, of Chicago, speaks enthusiastically of an ointment made by incorporating a decoction of the inner bark of the American spice-bush (*Benzoin odoriferus*) with cold cream. — *Med. Record.*

Tender Points in Chorea.

Marie draws attention to the fact that in the true chorea of Sydenham tender points have been described over the spine, the thorax, and the abdomen. In addition to these, however, he has noted a number of cases in which there was tenderness over the ovary also, and that this is present on the same side as that on which choreic movements first appeared.—*Edinburgh Medical Journal.*

Dressing for Burns.

The local application consisted of tannin, dissolved in sulphuric ether in such proportions as to give a syrup-like consistence. This was applied directly to the parts. The patient seemed to be bordering on convulsions, from sheer pain, but instant relief followed the application, which dried rapidly, and formed a flexible, non-elastic coating. It excluded the air as effectually as collodion does, while it did not contract or become stiff as the latter does. It proved to be a most perfect dressing—fulfilling every indication.—*Periscope.*


For Rhus-Poisoning.

A writer in the *Medical and Surgical Review* says: "The best remedy I have found is the following: *R.* Borax pulv., ʒij.; acid carbolic, ʒj.; morphia sulph., gr. x.; pulo acaciæ, ʒiv.; aqua, q. s. ad., ʒviiij. *M.* Agitate till solution is formed. Use with camel-hair brush.—*Peoria Med. Monthly.*"

Radical Operation for Hernia.

An improved operation for the radical cure of hernia has for some time past been practiced by Drs. Svensson and Erdmann, surgeons to the Sabbatsberg Hospital at Stockholm. A ligature is applied to the neck of the hernia, and the sac is cut off below the ligature, the contents being previously examined by means of an incision into the sac and returned; or, if only omental, excised together with the sac. In congenital hernias the upper part of the sac only is removed, and where the large bowel is included in the hernia and adherent to the sac wall, this, after being separated from the surrounding tissue, is returned, together with the large intestine, and the rents of Poupart's ligament united by sutures. The dressing employed is iodoform and boracic acid, the wounds being washed with sublimate solution. Since this has been substituted for carbolic gauze, abscesses, which used to occur frequently, have become rare. Of the forty-eight cases thus operated on, none of which were selected, thirty-eight were permanently cured, at least no return of the hernia occurred within six months: in twenty per cent. it returned, but in a less severe form.—*Lancet*, June 26, 1886.

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THE
AMERICAN MEDICAL JOURNAL.

VOL. XIV.

OCTOBER, 1886.

No. 10.

ORIGINAL COMMUNICATIONS.

XIX.—Puerperal Convulsions and Forceps Delivery.—By J. M. MANES, M. D., BILLINGS, MO.

On August 15th, 1886, I was sent for in haste to see Mrs. K., æt. 22, primipara, in consultation with Dr. N. (allopath). On arriving I found vertex first position at inferior strait, os well dilated—Mrs. K. in convulsions, the second one. Dr. N. wanted to anæsthetise completely, and deliver also. He advised morphia sul. hypodermically, in large doses; to all of which I objected, except the delivery. He had also declared his prognosis to be very unfavorable. Now for my line of treatment: I proceeded to deliver with the forceps I purchased of Dr. Pitzer some time ago, the child being a male of 10 lbs. weight, but still. Then for the mother I ordered one dose: *R. Hyd. cum creta, pul. rhei., ʒss grs. xxx.; pod., gr. ss. M. Sig.—At once, with: R. Spts. nitre, aqua, ʒj.; Norwood's tr. v. v., ʒij.; fl. ex. gelsemium (P., D. & Co.), ʒiij. M. Sig.—One teaspoonful every hour until eclampsia should be relieved, which I succeeded in doing in about four hours after I first saw her, after which she made a rapid recovery, without an unpleasant symptom.*

I write this that some young M. D. may not be afraid of gelsemium and veratrum in prompt doses. I also evacuated the bowels as speedily as possible, and emptied the bladder with a catheter. I have treated eight cases of eclampsia—all with recovery.

P. S. The doctor gave as cause of convulsions the adipose condition of the pudendum, as the young mother was rather heavy muscled; but I told him that it probably was partly caused by uræmia.

ABSTRACTS.

Carbolic Acid for the Radical Cure of Hydrocele.—BY WILLIAM C. WILE, M. D., OF NEWPORT, CONN.

The following case is exceedingly interesting, on account of the severe and nearly fatal results following the injection of pure carbolic acid into the scrotal sac for the radical cure of hydrocele. Out of the many cases of this common disorder which, in an active practice of seventeen years, I have treated, I never have seen a single instance which approaches the severity of the subsequent inflammation, and the destruction of so much tissue, as occurred in this case. Many operations have, from time to time, been suggested for the radical cure of this condition, but I fully believe with Dr. Sands, of New York, that no means have been employed which will give such satisfactory results, and cure so large a percentage of cases, as the old one of evacuating the contents of the sac, and injecting into it the tincture of iodine. I think that failure to get the best results from this treatment lies in the fact that the quantity, as ordinarily injected, is not only too small, but is not fully distributed all over the sides of the sac.

I am in the habit of using from two to four drachms of the tincture, kneading it well, and being sure that it has come in contact with every part of the lining membrane, and *leaving it in*. In upwards of sixty cases, I have not in a single instance failed to effect a permanent cure, and without excessive and never with destructive inflammation. If this plan is carefully followed, I am sure the results will be all that can be desired, both for the patient and operator. The use of carbolic acid has been advocated warmly by many members of the profession, but I am sure that after reading the following case carefully they will hereafter use it with extreme caution.

Mr. B., aged forty years, American, well built, muscular, of full habit, a farmer by occupation, who had always enjoyed good health, sent for me on Saturday, February 27th, 1886. On arriving at his house he gave me the following history:

About a year ago he noticed a commencing enlargement of his scrotum, which gradually increased until it was nearly three times its ordinary size, in which condition it caused him so much inconvenience that he decided to get some surgical advice about it, so

that six months after his discovery he consulted a prominent physician of Bridgeport, Conn., who diagnosed hydrocele, and advised tapping and injecting it, which was consented to, the operation being performed at that time, but with no results whatever. In a short time he noticed that the fluid had commenced to reaccumulate, and at the end of six months more, with the scrotum about the same size as at first, he consulted the same physician, who this time suggested that the sac be injected with pure carbolic acid, which was readily agreed to. The operation was performed, the patient returning to his home the same day, which was Saturday, February 20th, 1886, and the following Saturday I visited him for the first time. Immediately considerable inflammation developed, which the doctor had predicted as possible, and for which he had given a prescription for a lotion of lead and opium, to apply externally in the event of its becoming excessive, and some granules of morphine to allay the pain if it should be necessary to use them. In spite of these remedies, which were faithfully applied, the inflammation spread, and the resulting suffering was terrible. Supposing however that this was as it should be, and the result to be hoped for in order to effect a cure, he bore it patiently, and did not call in professional aid until the following Saturday, when I saw him, and found him in the following condition: Tongue heavily coated; pulse 120, small and weak; temperature, 102.3° ; skin hot and covered with a profuse perspiration, which rapidly cooled. The scrotum was swollen very much, exceedingly sensitive to pressure or manipulation, and was at least five times its natural size. It was congested, almost purple in hue, denoting marked impediment to the local circulation. No fluctuation could be detected. Bowels obstinately constipated, and he exhibited all the exhausting effects of violent inflammatory trouble. Examination of the urine showed traces of carbolic acid, and the patient exhibited marked evidence of the absorption of a considerable portion of this drug. I at once applied hot fomentations, gave morphine in liberal doses to relieve the pain, ordered two grains of quinine every two hours, together with all of the stimulants that he could take. An injection was ordered and administered, consisting of one ounce each of senna leaves and epsom salts, steeped twenty minutes in a quart of hot water; beef tea, milk and nourishing food *ad libitum*.

The following morning, the 28th, I found that the bowels had moved freely, but the line of inflammation had extended up to the base of the penis, with consequent increased suffering. The pulse and temperature were the same. Profuse perspiration, with diminished secretion of urine. No point of fluctuation could be detected. On my third visit, which was made on the morning of the 1st of March, all of the symptoms were aggravated. The sweating was exceedingly profuse and exhausting, so much so that the clothing had to be repeatedly changed during the preceding twenty-four hours. Pulse weaker and more thready, and 126. Temperature 103.1°, and every indication of rapidly decreasing vitality. The scrotum was intensely congested and exquisitely painful, and though it was tense to an unusual degree, still no point of fluctuation could be detected. I decided however to make an exploratory incision, being well convinced that there was concealed matter pent up somewhere. On making the opening, I found a considerable quantity of pure inodorous pus hidden behind the enormously hypertrophied walls of the scrotum. Extending my incision in both directions, above and below the original opening, I completely evacuated the sac, washing the cavity out thoroughly with a strong solution of phenol sodique. Great relief was experienced at once, and the patient's condition seemed considerably improved, though the weakness and exhaustion were very great. On my second visit of that day I found the temperature 101°, pulse 110, and the excessive sweating continuing without abatement. The patient was very weak, and it did seem that stimulants were of no avail in keeping up his strength. The pain had left him almost entirely, and his bowels had been moved freely with an injection. I increased the quinine to four grains every three hours, stopped the morphia, gave bromide of potassium for sleeplessness (which was present), increased the stimulants to a tablespoonful every half hour, and ordered liberal doses of Murdock's Liquid Food. The most concentrated foods which could be made in the fluid form were freely given, and twenty drops of the aromatic sulphuric acid was ordered every four hours, together with ten-drop doses of aromatic spirits of ammonia every two hours. At this visit I carefully examined the sac. To the right of the raphe I found a large section of the tissue dead, and all the conditions of a well-defined slough forming.

Poultices were continued. The cavity was thoroughly washed out with a strong solution of the phenol sodique, perfect quiet enjoined, and strict attention to the details as laid down insisted upon. The next day the slough separated, and the patient entered upon a long and tedious convalescence. Good nursing, a liberal diet, iron, quinine, and tonics finally brought him through, though not without hard work. I am indebted to my partner, Dr. E. M. Smith, for valuable assistance in this case.—*New Eng. Med. Monthly.*

Treatment of Fistula.

A number of weeks ago a lady about thirty years of age, of a perhaps somewhat strumous habit, presented herself for advice in regard to a sore over the lower end of the backbone, which had existed for several years despite the various kinds of treatment to which it had been subjected. It had, she said, originated in the formation of a "boil," which was at the time lanced and its contents evacuated. Since that time, however, it had continued to gather and break at intervals of from one to two weeks.

On examination I found a fistulous tract, perhaps two inches or more in depth, directly over the lower end of the sacrum and closely hugging its spines. The surrounding parts, together with the tract itself, had become thickened and hardened, and presented an opening about a quarter of an inch in diameter. It was a source of great annoyance in many ways, and the woman had submitted to all sorts of treatment nearly, without relief, until she was completely discouraged. It had been injected with iodine, carbolic acid, etc., cut open, setoned, and what not, without avail. I had had some experience in the use of iodoform in the destruction of the peculiar property of pyogenic membrane, and concluded before resorting to anything else to give it a trial in this case. I used a uterine suppository carrier which I had at command, filled it to the depth of about an inch at a time with iodoform, and, after inserting to the bottom of the fistula, with the piston pushed the powder out, and repeated the process thus until the cavity was entirely filled with the powdered iodoform.

The result has thus far been all that I could possibly have expected. The fistulous opening has been closed now for several weeks, under the influence of several repetitions of the treatment,

the tissues about the seat of the disease have become more healthy in appearance and feeling, and the soreness and the tenderness have in the main subsided.

I detail the above case for the benefit of any who may have analogous conditions presented for treatment, and which have resisted other methods of management.—*Peoria Med. Monthly.*

Alopecia: its Etiology, Diagnosis and Treatment.—By J. C. MCGUIRD, M. D.

By alopecia we mean a partial or complete loss of hair, irrespective of cause, although the varieties of the disorder have been designated by many different terms.

So-called senile alopecia is generally the result of hereditary peculiarities. In some persons changes indicative of this condition are manifested at an early age.

The causes of premature alopecia are numerous. It is either due to disorders which act locally upon the skin, such as seborrhœa, psoriasis, eczema, acne, and the parasitic diseases, or to constitutional diseases which cause a general debility of the system, and so diminish the activity of the circulation of the scalp; for example, the baldness that follows the severe fevers or nervous disorders. Piffard, in this connection, names gout, rheumatism, and dyspepsia. Holmes's System of Surgery cites several cases in which loss of hair followed the shock produced by lightning, and it is said also to follow upon long-continued attacks of migraine.

In the text-books I do not find acne referred to as an exciting cause, but I have several times seen localized spots of baldness about the face in young men who had suffered from the severer forms of this disease.

Dr. O. Lassar believes that baldness may be spread by hair-dressers, who use the same comb and brush on several persons. As an experiment, he collected the hairs that fell from heads in which dandruff was plentiful, and rubbed them up with vaseline. The ointment thus made he applied to the fur of rabbits, whereupon, it is said, baldness appeared and made rapid progress. Vaseline alone produced no such effect. In this connection it is interesting to note that the parasitic nature of dandruff is not accepted by the great majority of dermatologists.

The numerous controversies regarding the etiology of alopecia areata have given especial interest to this form of baldness. Some dermatologists maintain that the disease is parasitic, while the great majority deny the statement. At the present time the parasitic nature of the disease is not allowed by far the greater number of our best authorities; of the forty-one observers whose writings were consulted by Dr. G. T. Jackson, of New York, fifteen affirmed it was parasitic, while twenty-six declared it was not. It is now generally regarded as due to peculiar nervous disturbances which result in impaired nutrition of the skin.

The course of the disease is variable; though generally occurring suddenly, it may be several weeks before a perfectly bald patch is visible. The patches are circular in shape, smooth and shiny, sharply defined, and paler than the surrounding skin. They may coalesce till complete baldness results.

Those who believe in the neurotic origin of the disease recommend both constitutional and local treatment. Hebra does not speak of constitutional treatment. Duhring regards internal treatment as of the greatest value. Most observers recommend either arsenic, phosphorus, nux vomica or iron. A vast number of external remedies have been highly recommended by different authors. The very fact that so many have been advised would tend to show that this eminent authority is right in his conclusions, and that few drugs have any power in hastening a cure.

Chrysarobin is well spoken of by Hutchinson. I have seen the hairs begin to grow in a short time after blistering the scalp with croton oil. I use a mixture of two parts of white wax and cocoa butter to one of the oil, in stick form. Such stimulants as tinct. capsicum, tinct. cantharides, and liq. ammoniæ are frequently recommended in combination, but, as Jackson says, there is no good reason for combining these remedies. Since our object is simply to stimulate the hair bulbs, I believe that electricity promises the best results. In my own practice it has proved very serviceable. Hebra recommends the use of soft soap and the sulphur ointment.—*Amer. Prac. and News.*

To Make Koumiss.

Two quarts sweet new milk, one quart warm water, six tablespoonfuls sugar, one cake Fleischman's yeast. Let the mixture

stand two hours in a moderately warm place. Bottle tight with wired cork, and draw with champagne tap.

The last item, viz.: to "draw with champagne tap," is of great importance. Some laughable as well as serious accidents have followed attempts to uncork the bottles, as the contents are highly effervescent. The champagne tap is much safer and more convenient than any other kind. After the tap has been carried into the bottle, the neck of the bottle should be held down to avoid the escape of gas. The corked bottles should be kept in a cool, dark cellar or store room.

Mrs. Henderson, in her admirable little book entitled *Diet for the Sick*, gives the following detailed recipe for making Koumiss, which she has used with great success:

Fill a quart bottle about three-quarters full of fresh milk, and add a tablespoonful of fresh brewer's yeast, and a tablespoonful of sugar syrup (the latter made of three lumps or little squares of loaf sugar); shake the bottle well for a full minute, to thoroughly mix all the ingredients, then fill it to within two or three inches of the top; shake again, to get all well mixed; cork tightly with a cork larger than the mouth of the bottle, and tie the cork down with strong hemp twine. Let it stand in an even temperature of about 52° Fahr., in a cellar, cold closet or refrigerator, for two and a half days. Then place the bottle *on its side* and on the stone floor of the darkest, coolest place in the cellar, or, in default of such place, in a refrigerator. Champagne or beer bottles are the best for bottling Koumiss, as they are provided with a rim or shoulder around which the corks can be wired or tied. Corks can be obtained cheaply at a wholesale cork store, or cork factory, being not over sixty cents a gross.—*The Laws of Life*.

Treatment of Whooping-Cough.

Dr. E. W. Hedges, of Plainfield, N. J., writes: "In an editorial of July 31st you speak of various recent methods for the treatment of whooping-cough. One of these plans I have tried quite largely in my own practice, and with such gratifying results that I venture to send you a short account of it.

"The remedy used was resorcline in a two per cent. solution, as recommended by Dr. Moncorvo, of Brazil, and the method of ap-

plying it was by a hand atomizer (Perkins), inhaling the spray for four or five minutes every three hours. In the case of adults, where the treatment was faithfully carried out, the results were uniformly successful, a cure being effected inside of nine days in every instance. With young children (two years and under) it was found impossible to use the spray, and even with older ones, where the treatment was intrusted to mothers and nurses, the cough was often modified rather than checked; but in every case, young or old, where the spray was properly applied, a cure resulted.

"A few cases will illustrate the plan:

"Miss S——, aged nineteen, had coughed for six weeks, expectorated large quantities of mucus, and was waked up four or five times each night with paroxysms of coughing. After the first day's use of resorcine spray she slept through the night without waking, something she had not done before in weeks. The next day her cough was decidedly lessened, and after the third day it disappeared altogether. She continued the spray for a week longer, and had no return of the cough. In this case, as in all the others, no internal medication whatever was given.

"Mrs. A. had been coughing three weeks. After one week's use of resorcine as above, the cough was completely checked and did not return.

"Miss O——, five years of age, began treatment as soon as it was certain she had whooping-cough, *i. e.*, in about two weeks after the cough began. Two applications daily for a week so far checked the cough that the mother did not think it necessary to bring her any longer to the office. A slight cough remained, however, which, upon the discontinuance of the spray, quickly grew worse, and soon returned with its former violence.

"Another case illustrates this same tendency for a return of the cough unless it is first completely stopped.

"Mrs. M—— had coughed for over five weeks severely, with vomiting, profuse expectoration and violent paroxysms. She noticed a marked improvement immediately after beginning treatment, and in four days was so nearly well that she thought it useless to do anything more. She stopped the spray, and the cough quickly returned, and on the seventh day, when she came back to my office, the cough was nearly as bad as ever. The spray was ordered again

to be persisted in, and I am expecting a report from her in a few days.

"Do not these cases render plausible the hypothesis that micrococci, by their presence along the upper air tract, are the cause of whooping-cough, and that unless these are thoroughly destroyed by germicides those that remain rapidly multiply, and bring on a train of symptoms as before?

"Certainly the treatment is a pleasant one, easily carried out when the patient is not too young, is inexpensive and most efficient."—*The Medical Record*.

An Aid to Success in Medical Treatment.

A recent treatise, which we believe has been widely read by the medical profession, discusses very ably the acquirements that physicians should add to the strictly scientific.

That there are many qualities essential to the attainment of success in the practice of medicine, besides a knowledge of the science and art, cannot be denied, and the possession of these superficial pre-requisites are often seen to more quickly open the portals to remunerative practice than the most profound attainments.

Since the practice of medicine has, with a few exceptions, become a business—a means of making money—physicians cannot afford to ignore the cultivation in themselves of those qualities which command, though they may not deserve, success. The æsthetics of one's profession must not, therefore, be forgotten. The address, the air, the manner of the physician, all create an impression for good or ill; and, for the mental influence exerted on fastidious patients alone, it behooves the doctor to avail himself of every aid that pharmacy may extend toward robbing many of his disagreeable duties of their (to the sensitive patient) obtrusively objectionable features.

A preparation which has been found of great service to the doctor in this connection is antiseptic cologne, manufactured by Parke, Davis & Co., which combines the properties of an active disinfectant with those of a refreshing and agreeable perfume. The active constituents of this preparation are thymol, oil of eucalyptus and mercuric chloride, combined with a cologne of superior quality. The utility of this preparation is at once apparent. Nearly all the

disinfectants in common use, which have any real value, are limited in their uses about the house, and especially in the sick room, by their disagreeable odor. In the sick-room this preparation may be employed in the form of a spray with an ordinary perfume atomizer, to overcome disagreeable odors; of course this must be merely as a palliative, the air must be kept pure besides by free ventilation.

Surgeons and physicians will find it to meet several important indications when they are attending patients suffering from infectious diseases. It is useful as a disinfectant for the hands in cases of infectious diseases, or to remove the odor of Labarraque's solution; which is often employed for the same purpose. In gynecological and obstetric practice, such a preparation as this is of especial service. A recent article in a medical journal (*Progress*, July, 1886) highly recommends the general use of antiseptic cologne by physicians, and we have pleasure in calling attention to its utility.

We learn that it is put up in half-pint bottles, labeled with full directions for use, which are sold for \$1 each, or sample bottles, trial size, 25 cents.—*Miss, Valley Med. Monthly*.

Chorea.

Dr. A. V. Meigs (*Phil. Med. Times*) recommends arsenic administered in the following way, which has special advantages: The parents should be given a bottle of Fowler's solution, with directions to use it only as ordered, for the drug is poisonous. They should have written directions to this effect: Give the child three drops three times a day, directly after meals, to-day; to-morrow, give four drops after breakfast and three drops after dinner and supper; the following day, give four drops after breakfast and dinner and three drops after supper; the next day, four drops three times a day; the succeeding day, give five drops after breakfast and four drops after dinner and supper. In this way the dose is to be gradually increased until ten drops three times a day are given, or until the constitutional effects of the drug are manifested. These are puffiness of the face, particularly of the under eyelids, pain in the stomach, and diarrhoea. Upon the appearance of any one of these symptoms the dose should at once be reduced to three drops three times a day, and then gradually increased again, or, if necessary, the drug may be entirely discontinued for a few days. If used in this

way, arsenic is perfectly safe and can do no harm. The dose should be kept at a point just short of producing constitutional symptoms.

I might say that in some cases there is complete loss of speech, but even when loss of speech is present the prognosis is favorable, if the case is otherwise uncomplicated.—*The Epitome.*

Salicylic Acid Treatment of Diabetes.

Dr. J. S. Holden reports in the *British Med. Journal*, May 1, six cases of successful treatment of glycosuria with salicylic acid, as confirming the views of Professor Latham as to the pathological connection between diabetes mellitus and rheumatism.

The latter holds that there are two distinct kinds of diabetes: First, that arising from a neurotic disturbance of the function of the liver; second, that arising from a neurotic disturbance of the function of the muscle. The latter he has found to be so intimately associated with rheumatism that the degree of oxidation determines whether an excess of lactic acid or of glucose shall be formed in the muscles. He has also found that salicylic acid has the power of arresting the formation of both these products.

Dr. Holden has found the salicylic acid treatment to be of no avail in the treatment of non-rheumatic diabetics.

The first and most marked effect of the salicylic treatment in glycosuria of rheumatic persons is the almost complete removal of the distressing polyuria.

The careful restriction of diet is less essential in this than in the other form of diabetes, though it is an aid in these cases too.

Dr. Holden has found the following formula a serviceable one for the administration of salicylic acid: R. Acidi salicylici, ʒij.; sodæ bicarbonatis, ʒj.; ammoniæ carb., ʒj. Mix in one ounce of water, and when effervescence has ceased add water to twelve ounces.

An eighth or twelfth part to be taken three times a day. This, he says, is not unpalatable when given in a wineglassful of water, with a little tincture of orange added. The ammonia prevents any depressing effects.

As a means of distinguishing between the two forms of glycosuria, aside from the presence or absence of rheumatic arthritis, which is generally sufficient, Dr. Latham has observed that in the diabetes of rheumatics there is present in the urine some substance

which dissolves cuprous oxide, so that a larger quantity of Fehling's test has to be added before getting the brown precipitate in this urine than in the diabetic urine of hepatic origin.—*Courier of Med.*

Cocaine Locally.

J. W. Exline, M. D., Colorado Springs, Col., in a communication to *The Medical World*, says: "I submit my experience in the use of cocaine per urethra. I was treating a case of long standing gleet. Used one injection of nitrate of silver. Result: a violent urethritis, extending to the bladder. There was constant disposition to urinate; great tenesmus, pain and discharge of blood. Two-thirds grain morphia and one-forty-eighth grain of atropia, twice a day hypodermically, was required. Even then the patient could not control above one hour the desire to urinate. Quit the hypodermics; washed out the urethra and bladder with hot water twice a day. This gave some relief. Prescribed: R. Bismuth sub-nitrate, ℥iv.; four per cent. sol. muriat. cocaine, fʒij.; aqua rosæ, aqua pura, aa fʒii. M. Sig.—Inject two teaspoonfuls at a time, after urinating. Result; immediate. No chordee; little straining; blood ceased, pain subsided; in fact all the inflammatory symptoms rapidly gave way. Patient is not well, however, as the conditions giving rise to his gleet still remain, but the benefit from the cocaine was so decided that I entertain no question about its utility in similar conditions."

Dysentery.

Dr. Samuel H. Singleton (*Miss. Valley Med. Monthly*) says:

If called to a case of dysentery within twenty-four hours after the attack, and I find tormina and tenesmus very violent, which is generally the case, dejections mucus and bloody, I prescribe three grains quinine every three hours, hot meal poultices to the bowels, and a tablespoonful of the following mixture every two hours: R. Sulph. magnesia, ℥iv.; tinct. opii, ʒijss.; arom. sulph. acid., ʒjss.; water, ad ℥iv. M. Generally, after the third dose of this mixture has been given, all of the above symptoms subside, the stools become serous and are passed without pain; in fact, a diarrhoea has been substituted for the dysentery. When, in spite of the above treatment, the bloody dejections continue mixed with pus, tormina

and tenesmus more frequent, asthenia rapidly supervenes and collapse is imminent, a pill given every two hours of the following formula has wrought wonders in my hands: *R.* Pulv. opii, iodoform, aa gr. j.; zinc. sulph., g. ij. *M.* I have treated twelve cases of dysentery with iodoform in the above combination, seven last season and five this season, and my experience has been highly gratifying, every case having been pronounced out of danger or convalescent before the seventh day of treatment, a majority of them before the fifth day.

Treatment of Acute Rheumatism.

Dr. T. C. Brown (*Medical World*) has the following to say on the above subject:

After a practice of a quarter of a century, I will now give the readers of the *World* my favorite treatment of acute rheumatism. On first seeing the case, if the bowels have not been well opened, I give a cathartic, say three compound cathartic pills, U. S. P., and then order the following mixture: *R.* Pulvis potassii nitratis, ʒj.; sodii salicylatis, potassii acetatis, aa ʒiv.; extracti ergotæ fl., tincturæ aurantii, aa flʒij.; aquæ destillatæ ad, flʒviiij. *M.* Sig.—Tablespoonful every fourth hour. When about the sixth dose has been taken the pain begins to leave. I continue on in the same way until all the pain is gone, then order the following: *R.* Pot. iod., ʒj.; vin. colch. rad., ext. sarsap. fl., aa flʒj.; aq. dest. ad, flʒviiij. *M.* S.—Teaspoonful four times daily, and give one dose of the first mixture every night at bedtime while there is any pain.

The mixture No. 1 will surely relieve the pain, but if discontinued abruptly the pain will as surely return. One dose daily will usually keep pain abated; if not, a second for a time may be used. Some may ask why the ergot is added to mixture No. 1. Any one who has had much experience with salicylic acid must have been perplexed with the ringing in the ears and head disturbance so often caused by its use. Now my experience is that ergot will entirely remove or prevent the trouble. I am in love with salicylic acid, and prefer it in the form of salicylate of soda. Next to opium, I think it my favorite remedy.

The only *local* remedy I use in rheumatism is to keep the painful parts well wrapped in cotton batting, and if the joints are much

swollen and skin tense I bathe them occasionally with hot water. Since I have adopted the above treatment for rheumatism I cannot think of a case where it has failed me, or one where there has been any heart lesion left behind.

Involuntary Seminal Emissions.

Dr. L. L. Hale, of Cheheague, Maine, writes as follows to the *Medical World*: In response to your call for more light on the treatment of the above malady, I will endeavor in as brief a space as possible to lay down a synopsis of my plan of treating such cases. My main reliance is placed upon local applications to the prostatic portion of the urethra, by aid of the following means. I take a catheter (block tin) of the requisite size, usually 13 or 14 of the American scale, and bore numerous holes (about one-sixteenth of an inch in diameter) over all the surface of the curved portion of the instrument, at various intervals, from the commencement of the curve nearly to the eye of the instrument. For this purpose I use a small drill, which will accomplish the object in a few minutes in so soft a material as tin. Having made a sufficient number of holes, the next duty is to ream out each hole carefully and then polish thoroughly, and the instrument is ready for use. This is my own design of instrument, and one which has served me every purpose thus far. Having thoroughly oiled the instrument (using carbolized oil), I now take a little ung. hydrargyri nitratis upon my finger nail, and fill up every little opening in the instrument with this material, sometimes previously diluting the ointment, if necessary, with a few drops of oil. This I insert into the prostatic part of the urethra, and let it remain from three to five minutes. I then remove it and let the patient go about his business, as it causes no suffering and only a slight smarting, which passes off in a few minutes. It is rarely necessary to make an application oftener than once a week. From six to twelve applications are sufficient to cure.

Nothing is more satisfactory than the good results which follow this mode of treatment. Oftentimes I have had patients come to me for treatment who had been under treatment of good physicians for weeks and months, and yet were having from four to ten or more emissions weekly. By only one application I have changed this deleterious state of things (occurring to patients every night) to but

one in a week, and this too has followed my first application. I merely referred to this as an example of the many cases in which I have seen such marked improvement follow as a result of this plan of treatment.

In addition to this, I have the patient bathe the penis and scrotum for some minutes every morning in cold water; also have him wash thoroughly the glans penis daily, and train the foreskin to stay back over the same, which tends to do away with that morbid sensibility which exists in many of these cases, and often depends upon an elongation of the foreskin and accumulation of foul smegma beneath the same. In cases where anæmia is a marked feature, tinct. ferri chloridi is indicated, also nux vomica or strychnia as a stimulant and tonic. In cases of relaxation of the genitals, with feeble erections and a paresis of the ejaculatory muscles, ergot is indicated. When plethora exists, the bromides are preferable. Sea bathing is to be recommended, and the mind occupied with some pleasing avocation.

Sciatica.

EDITOR *Medical World*: In May number I notice Dr. T. H. Lyons, of Martin, Ga., requests to help him out of his difficulty regarding his case of sciatica which he has under treatment.

While this disease is one of the most troublesome affections which can be presented to the physician, it is also one which can stand an enormous amount of drugging without deriving the least benefit from any treatment.

A few months ago I had the misfortune of being called in a case of sciatica. The patient was a young man, æt. 26, of rather delicate constitution (strumous diathesis). In his hours of agonizing pain almost every known form of treatment was employed unsuccessfully, viz.: hypodermic injections of morphine; large doses of quinine and arsenic; injections of chloroform, ether, atropine; internal administrations of iron, gelsemium, iodide of potassium; and God knows what else. Every old granny in his town had a lick at him, and he even was scorched with an iron heated to a white heat, by an itinerant quack; but all had failed in producing any relief, with the exception of morphine, and this only produced ease while its effects lasted.

Fluid Forms of Hydrastis.

The reputation of this drug as a therapeutic agent was first gained, through its employment in the form of an *infusion*; and in the fifty years following its introduction into medical practice, a continuous effort has been made by manufacturers to perfect a preparation which would represent all the active principles of the drug, without the high price of the salts, either alone or in combination.

The most prejudiced writers on *Materia Medica* accord to the late Wm. S. Merrell the largest share of credit in the introduction of Hydrastis preparations, and to the present organization the reputation of being the *largest consumers of the drug in the world*. For more than a half-century, Hydrastis has been made a study in our laboratory, and we do not think we exaggerate its importance when we assert that, it stands pre-eminent to-day as the most valuable exponent of our vegetable *Materia Medica*.

The following preparations in *fluid form* are receiving our special attention at this time:

Fluid Hydrastis—MERRELL.

Is what its name implies—the active, medicinal principles of the drug in natural combination and in a fluid form. It has a bright, yellow color, perfectly clear, free from sediment, and with an unmistakable odor of the *fresh drug*.

Fluid Hydrastis is a pure, neutral solution of all the alkaloidal constituents of the drug, rejecting the oil, gums, irritating and offensive resins, and inert extractive matters. The success attending its introduction is the best evidence of its therapeutic value.

Unsuccessful imitations and would-be substitutes are met with on every hand. Preparations said to be “just as good” or “about the same thing,” but always “a little cheaper,” attest the wide spread and growing popularity of Fluid Hydrastis. All such, compared with the latter as to physical appearance or as representatives of the drug, *are condemned*; dispensed in prescriptions, *they are readily detected*; tested therapeutically, they are *promptly rejected* as unworthy of confidence.

Fluid Hydrastis is applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

This statement of a well-know medical writer and journalist has become axiomatic:

“No remedy for physician's use has been received with such universal approval.”

Solution Bismuth and Hydrastia—MERRELL.

An invaluable and scientific combination, wherein the beneficial action of the white alkaloid is increased by association with Bismuth. This solution contains $2\frac{1}{2}$ grains of the double Citrate Bismuth and Hydrastia; twenty-five per cent. of which is Hydrastia Citrate.

The cordial reception accorded this preparation marks it as the most valuable combination in the market in which the white alkaloid alone represents the valuable properties of the drug. Used in diseases of the nasal passages, of the eye, of the throat, of the stomach and intestines, of the reproductive organs and bladder, it is equally beneficial.

Colorless Solution of Hydrastia—MERRELL.

This is a permanent solution of the white alkaloid, without the addition of any other medicinal agent to modify or increase its action. It is offered without special recommendation to meet the views of a limited number of physicians, with whom the color of the Fluid Hydrastis is an objection. This solution contains in one fluid pint, the same proportionate strength of white alkaloid as exists in an average quality of crude root.

See notes above on Solution Bismuth and Hydrastia.

“Merrell's Hydrastis Preparations” are for sale by Wholesale Druggists throughout the United States. Please specify “Wm. S. M. Chem. Co.” in ordering or prescribing.

The Wm. S. Merrell Chemical Co.

—CINCINNATI.—

FINE SPECIALTIES

—OF—

THE WM. S. MERRELL CHEMICAL CO.,

CINCINNATI.

Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	2½ gr. to 1 oz.
" " " Hot Water,	12 " 1 "
" " " Alcohol,	3 " 1 "

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—
 ¼ to ½ grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

R Hydrastia Sulph. pure,	grs. x.	} Mix
Mucilage Acacia,	oz. i. j.	
Aqua Rosæ,	oz. iv.	

Use ½ oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

R Hydrastia Sulph. pure,	1-20 gr.	} Make one pill.
Podophyllin,	1-20 "	

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," "Fluid Hydrastis."

Sanguinarina Nitrate —Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the thorax, with difficulty in deglutition. In *Diphtheria*, *Bronchitis*, *Pneumonia* and *Laryngitis*, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

Concentrated Nitrous Ether.—Merrell.

For extemporaneous preparation of Spirits of Nitrous Ether, U. S. P.

Pepsin, (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Boro-Glycerine.—Merrell.

The new Antiseptic. Solid and Solution. *Solid*, contains 92 parts Pure Glycerine and 62 parts Boracic Acid. *Solution*, 50 per cent., contains one-half an ounce solid Boro-Glycerine to each fluid ounce of liquid.

Solution Bismuth and Hydrastia.—Merrell.

Colorless, and highly perfumed. A solution of the double Citrate of Bismuth and Hydrastia (*White Alkaloid*), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2½ grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid, (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen). Salicylic Acid from Wintergreen is *less irritating* and better borne by the stomach when used internally; and as an external application is *more bland* than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

Tincture Gelsemium.—Merrell.

Green Root only used. A specialty with us since its first introduction in 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica.

Send for circular giving "Special Therapeutics."

Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to *color* and *flavor*; characteristic richness as a *nutritive food* or per centage of *active Diastase*.

Liquor Secalis Purificatus.—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is specially valuable for *Hypodermic Medication* and *topical application*; for which purposes the Official Fluid Extract is not admissible.

When sent for, and being made acquainted with all the treatments which he had undergone, I decided at once upon the operation of nerve-stretching.

I stretched the nerve with sufficient force to lift the lower half of the body from the table by means of grasping the nerve and lifting. I then replaced the nerve in its proper position, and sewed the wound up and applied carbolic acid dressings.

For a few days the patient suffered considerable pain, but it grew less and less, and he became comparatively comfortable. The wound was six weeks in healing. During this time the pain was mostly in the patella, radiating down the foot, but was comfortably borne. Gradually the pain left him, and he has now returned to work greatly benefited, having no pain whatever. If Dr. Lyons will follow this direction, he may meet with the same success.

Ephraim, St. Pete Co., Utah.

WM. H. OLSTEN, M. D.

Some Certainties in the Therapeutics of Epilepsy.

Dr. C. L. Dana has written a paper with the above title, which is published in a recent number of the *New York Medical Journal*. His conclusions are summarized in the following statements:

1. Diet, exercise and proper hygienic treatment rank above all other single therapeutic measures.

2. The bromides take the second rank in the treatment of epilepsy.

All bromides act alike in this disease. If one does not cure another will not. Occasionally changing and mixing reduces the attacks for a time, and benefits the stomach.

3. The best bromides are those of potassium, sodium, ammonium, and hydrogen (hydrobromic acid); possibly we may add nickel.

4. Bromides may be given in daily doses of $\mathfrak{z}\text{i}$, increased gradually until the attacks are suppressed, or the dose reaches $\mathfrak{z}\text{iv}$ to $\mathfrak{z}\text{i}$ daily. Few patients can tolerate more than this latter dose. Thorough bromidization should be always tried, if necessary to stop fits; and it may be occasionally repeated. But bromidization is sometimes injurious, even making the disease worse, and it must always be employed with caution.

5. When the fits are suppressed, the bromides should be carefully reduced, but never entirely stopped for at least two years after the last fit.

6. In most cases, and especially in nocturnal epilepsy, an extra large dose of bromide should be given at night.

7. It is very important that bromides should be chemically pure, that their use should be continued a very long time, and that their depressing effects should be offset by tonics and all possible roborant measures.

8. The best non-specific adjuvants (drugs) to the bromides are potassium iodide (in syphilitic epilepsy), potassium bicarbonate (in lithæmic and rheumatic states), carbonate of ammonium, the hypophosphites, arsenic, iron, and quinine.

9. The other chief adjuvants to the bromides are diet, exercise, a regular life, hydrotherapy, counter-irritation on the neck, and in the line of drugs, zinc, belladonna, strychnine, valerian and the nitrites. Combinations of bromides with the other drugs mentioned will lessen attacks when bromides alone will not.

10. The best substitutes for the bromides, when these do no good or do harm, are belladonna, zinc, strychnine, glonoin, borax and alteratives.

For nocturnal epilepsy, increase the dose of bromide at night, and add chloral or digitalis. Give also, if needed, strychnine. Raising the head of the bed or making the patient sleep in a chair at night are measures to be tried.

For the status epilepticus give large enemata of chloral, and use emetics and purges. Venesection is often efficacious, morphine is dangerous, chloroform is only palliative, and nitrite of amyl is of little value.

Treatment of Ivy-Poisoning. —J. M. BUZZELL, M. D.

As L. B. Parsell, M. D., would be "glad to hear from any of your subscribers in regard to the treatment of the poison of the wild ivy," and having been in the practice of medicine nearly half a century, and having practiced for the first half of the time in the country, where I saw in the summer season usually several cases where even the whole surface of the body was swollen and vesicated, I may claim to have had some experience with this affection. In some cases the face was so swollen that the patient was unable to see,—not by coming into actual contact with the ivy, but simply by coming within a few feet of it when the vapor of the dew containing the

poison fell upon the person; and having early found a most excellent remedy for this poison, I wish to make it known not only to Dr. Parsell, but all whom it may concern.

Finding early in my practice that in the treatment of almost all cutaneous affections, where the skin was inflamed, stimulating applications *soothed* sooner than those supposed to possess the soothing power to the greatest degree, I ventured to apply in all cases of ivy-poisoning the following: R. Olive oil, ℥viii; Sulph. zinci, ℥ss.

This to be well shaken, and applied when the skin is involved, and the surface covered with old linen cloths. The itching and swelling will soon subside, the whole surface affected seemingly drying up, that is, if the application is made early. If later, and the surface is raw, the zinc will not cause smarting in the least, but heal it up. It is not generally necessary to apply the application more than *twice* before the cure is effected. It is well to wash the dried surface with lime-water to cleanse it about the fourth day, when the case will not require further treatment generally. It is a singular fact that only a few people comparatively are poisoned by the ivy. Some can walk through it, handle it, and even chew it, and suffer no harm from it. In my young days I never feared to walk through a bed of it, or to handle it. I have known whole families to be exempt from the effects of this poison.—*Therapeutic Gazette*.

Therapeutic Use of Chloral.

About three years ago, I saw a case published in the *British Medical Journal*, in which chloral seemed to have been markedly beneficial in Bright's disease: but this was accounted for by attributing its beneficial action to its power of lessening arterial tension. At the same its use was condemned, in consequence of its lowering action on the heart. I offer the following cases, first, as strongly suggesting that this is not the true explanation; and, secondly, as a plea for further investigation.

A. F., aged 43, married, a pluripara, had suffered for nine years from caries necrotica of the ischio-pubic rami, with more or less incessant discharge. On June 25, 1885, she was unable to do anything, but would not stay in bed. She dressed and lay in a semi-recumbent position on a couch. The legs and feet were very much swollen, and she complained of shifting œdema of the face. She had con-

stant headache and diarrhœa. The urine was of specific gravity 1009, and contained one-seventh of albumen. The liver seemed slightly enlarged. The heart was normal. She began to take chloral, and improvement soon followed. On July 23d the albumen in the urine was the same, specific gravity 1010. The œdema of the legs was diminishing. The headache was much less frequent. She said she felt better than she had done for a long time, and had resumed work at a lace pillow. On August 6th the albumen was rather less; the specific gravity of the urine was 1013. The œdema of the legs and feet was now very trifling. Diarrhœa had quite ceased. I now gave her tincture of perchloride of iron. From this date to the end of September my notes are very much a repetition of the same; sometimes she had chloral, but she finished with iron. From June 25th, when she began to take chloral, her progress was steady and rapid. I had previously given her nitroglycerine; and although I had evidence of its physiological action in the increased secretion of urine, which was previously somewhat scanty, yet there was no decided improvement in her symptoms. In the first instance I gave the chloral to relieve the diarrhœa, but the benefit to her general condition was much more marked and rapid than the arrest of diarrhœa, and the ultimate result was her speedy restoration to a comparative state of health from a very critical condition. She took on an average only six grains of chloral daily. On February 27, 1886, she remained as well as when I left off attendance.

On December 24, 1885, Mrs. W., aged 45, pluripara, was unable to attend to her domestic duties. She suffered from continued dyspnœa, increased on exertion. There was anasarca of the feet, legs, thighs and abdomen, sometimes considerable under her eyes, variable in the face. There were some anorexia and anæmia. The urine was scanty, moderately colored, of specific gravity 1014, with a white cloud of albumen, no blood. I ordered four grains of chloral thrice daily. On January 11th the anasarca was gone; the breathlessness was very slight, on exertion only. She passed urine in average quantity. The appetite was better. She could now attend to her domestic duties. I now gave her liquor ferri perchloridi, and she rapidly regained her usual health.

E. G., a laborer, aged about 45, first consulted me in the middle

of December, suffering from anasarca, with great swelling of the scrotum, headache, diarrhoea, and tremulousness of his muscles. The urine was of specific gravity 1025, with a trace of albumen. I gave him four grains of chloral thrice daily for a month, and finally put him on tincture of perchloride of iron. In this case the anasarca and diarrhoea, etc., improved rapidly, as in the other two cases, and in none of them were any accessory measures employed.

The failure of nitro-glycerine in the first case to afford any relief is antagonistic to the theory that the benefit derived from chloral is the result of lowered arterial tension. They undoubtedly differ either in the quality or in the sphere of their physiological activity. Possibly the rhythmic action of the vessels described by Dr. Lauder Brunton may be in some way connected with the therapeutic merit of chloral. He also recognizes its value in the later stages of Bright's disease associated with sleeplessness. I find, on reference to the Year Book of Treatment for 1885, that it has been recommended by Barduzzi, Dr. Wilson, etc.; but still its value in albuminuria is so little recognized, and its merits in these three and other cases in which I have used it are so marked, that I trust I have made out a case for further investigation.—W. J. MACKIE, M.D., *British Medical Journal*.

The Treatment of Acute Rheumatism.—By PROF. DA COSTA.

We may begin with the assertion that no remedy has a specific action in this disease, but there are means which we may employ that will greatly lessen the after dangers. There are laid down two principal plans of treatment:

1. Salicylic Acid and the Salicylates. These are unquestionably the most speedy remedies, but should not be employed in those cases in which much weakness exists, for it greatly increases the sweats and depression, or in those cases where tendency to cardiac complication is manifested. In these latter it has been stated to be worse than useless.

If the acid be used, which is preferable to its salts, give not less than sixty to ninety grains in twenty-four hours. Ten grains may be given in emulsion every hour for six hours, if borne well, and then the same dose may be given at intervals of two hours.

If the salicylates are used, give three drachms in twenty-four

hours. If this plan acts at all, it will do so promptly; and if good results are not achieved by the second or third day, it had better be abandoned.

2. The Alkaline plan. This consists in rapid saturation with alkalies. It lessens the tendency to heart complication, but no good can be achieved by small doses; an ounce to an ounce and a half of either the bicarbonate or acetate of potassium must be given the first twenty-four hours, half as much the following day, and three or four drachms each day thereafter. Employ until the urine becomes neutral or alkaline, and then diminish the dose as above stated.

The bromides, which were formerly used, are not so rapid as the salicylates or so useful as the alkalies, but for lighter cases of the disease, with restlessness, they can be employed with good results. They also have some virtue against cardiac complication. In weak, exhausted cases, where the weakness occurs in repeated attacks, use the tincture of chloride of iron. This remedy is pre-eminently useful if the case be the least pyæmic, or of gonorrhœal origin. In treating this disease, no matter what plan be adopted, it is always of advantage to add to the other treatment ten or twelve grains of quinine per day. The treatment by blisters near the joint is effective, but very painful. If a case be seen in which the joint remains involved, blister. It will always do good locally, and also have some good general influence.

As to local treatment, there is not much to say. We may wrap the joint in lint steeped in solution of potassii nitras, with a little tinctura opii added, and cover with oiled silk. Some patients enjoy, and get better relief from, dry applications, enveloping the joint with cotton to which some powdered opium has been added.

Complications.—1. Carditis. Push the alkaline treatment to the utmost, supplementing by a certain amount of the bromides. We must give opium to relieve pain and procure rest and quiet. Digitalis is a valuable remedy, more so in endocarditis than in pericarditis. If seen early, use leeches locally. The Germans use ice over the heart, but this, to do any good, must be employed early. In most cases, at times when seen, relief can best be had by poultices, but a blister may be good.

2. For cerebral symptoms, if with high temperature, besides the general rheumatic treatment, use quinine to reduce the temperature.

More certain is antipyrin: give gr. vii-x every hour until impression is made, but it is not advisable to go beyond gr. xxx. We can also use application or cold cloths to the abdomen, chest and limbs. Cerebral cases without high temperature do best on stimulus in large amounts, eight ounces in twenty-four hours.—*Col. and Clin. Rec.*

Remarks on the Uses of Papine.—By WM. J. CRITTENDEN, M. D.,
UNIONVILLE, VA.

In the practice of medicine we are often called upon to treat patients who possess a peculiar idiosyncrasy as to the effects of opium or any of its preparations.

During January, 1886, I was called to see a lady suffering with acute peritonitis. She assured me that she could not use opium, as she had tired of it previously. But I gave her one-eighth grain of morphia sulphate and one-hundred-and-twentieth grain of atropia sulphate hypodermically, and in a few minutes the depressing effects was noted, both upon the respiration and circulation; the pupils also became visibly contracted. I then tried the various usual substitutes for morphia in succession, but to no effect. I determined to try Papine, but not being able to give it by the mouth on account of nausea, and as she objected to the use of the hypodermic needle, I gave her two drachms per rectum, and repeated it in one hour. The result was that she sank into a quiet, peaceful sleep, which lasted for several hours. During the remainder of her sickness I gave her Papine, with the most gratifying results. As soon as her stomach would retain it, I gave it to her by the mouth in one-drachm doses.

I have also used Papine in a case of uterine cancer, in lieu of morphia. In cases in which patients have been taking morphia until it has lost its anodyne influence, Papine is well adapted.

Some time ago (in absence of the family physician) I was called to see a lady one night, in great haste, who was suffering with malignant disease of the uterus. On my arrival the nurse informed me that she had given her a grain of morphia, with suitable percentage of atropia, every hour for five or six hours, and during the intervals she had given her chloroform, but to no effect whatever. Accordingly I gave her xxx min. of Papine with eighth grain morphia sulphate, repeating it in fifteen minutes, and in a short time she

fell asleep and slept for six hours, which was more than she had slept at a time for months.

In pneumonitis, pleuritis and bronchitis I have found Papine to answer an excellent purpose. In dysentery it is useful both as an anodyne and in relieving the tenesmus. In the diarrhœa of children I frequently combine with it bismuth subnitrate and prepared chalk. I have used it also in cystitis. In neuralgia, when I wish an anodyne, I use Papine. As an anodyne it is equal if not superior to morphia, and I have never yet seen any unpleasant effects from its use. As a hypnotic I find it to be an agent of great value.

It is inferior to bromida when we simply wish the effect of a hypnotic. But it fulfills the indications when we wish a decided anodyne as well as a hypnotic influence.

Dietetic Fallacies.

1. That there is any nutriment in beef-tea made from extracts. There is none whatever.

2. That gelatine is nutritious. It will not keep a cat alive. Beef-tea and gelatine, however, possess a certain reparative power, we know not what.

3. That an egg is equal to a pound of meat, and that every sick person can eat them. Many, especially those of nervous or bilious temperament, cannot eat them; and to such, eggs are injurious.

4. That because milk is an important article of food it must be forced upon a patient. Food that a person cannot endure will not cure.

5. That arrow-root is nutritious. It is simply starch and water, useful as a restorative, quickly prepared.

6. That cheese is injurious in all cases. It is, as a rule, contra-indicated, being usually indigestible; but it is concentrated nutriment, and a waste-repairer, and often craved.

7. That the cravings of patients are whims, and should be denied. The stomach often needs, craves for, and digests articles not laid down in any dietary. Such are, for example, fruit, pickles, jams, cake, ham, or bacon with fat, cheese, butter and milk.

8. That an inflexible diet may be marked out, which shall apply to every case. Choice of a given list of articles allowable in a given case must be decided by the opinion of the stomach. The

stomach is right, and theory wrong, and the judgment admits no appeal.

A diet which would keep a healthy man healthy might kill a sick man, and a diet sufficient to sustain a sick man would not keep a well man alive. Increased quantity of food, especially of liquids, does not mean increased nutriment; rather decrease, since the digestion is over-taxed and weakened. Strive to give the food in as concentrated a form as possible. Consult the patient's stomach in preference to his cravings, and if the stomach rejects a certain article, do not force it.—*Technics*.

Kidder's Electrical Apparatus.

"There are many made, but very few of any value," was the remark of a celebrated authority. This remark is well adapted to the many kinds of electrical apparatus, for there are many made; but when it comes to real merit and adaptation to remedial uses, the one that can always be relied upon is the Jerome Kidder machine, manufactured at 820 Broadway, New York. It is the perfection of "means to an end," for in the many years since it was first introduced there has been constant study as to improving it. The science of medicine has been steadily developing new methods of combating disease, and electricity has proven eminently successful in alleviating many kinds of trouble assailing the human form. Its benefits are the spoken praises of a great multitude who have been restored to health.—*Pharmaceutical Record*, August 15th, 1886.

An Anodyne for Use in Vesical Irritation.

Dr. W. P. Copeland, of Eufaula, Ala., writes (*Record*): "In almost every community there are old men who suffer from enlarged prostates, accompanied with a chronic inflammation of the neck of the bladder, rendering them miserable sufferers, and a care and anxiety to their friends and families. Having had the professional care of several of this class of cases, and dreading the tendency they so frequently incur by the administration of opium for the relief of pain, I resorted to various washes for injecting the bladder, resulting in my adopting a solution of benzoate of soda, ten grains to one ounce of water, with twenty to thirty drops of the green tincture of gelseminum; this is warmed, and injected by the patient

through a soft rubber catheter whenever the pain is severe, and the catheter is then withdrawn, leaving the medicine to be voided in twenty or thirty minutes; or where they are not able to pass anything from the bladder, the catheter is re-introduced and the medicine allowed to escape. My experience with this treatment has been so satisfactory that I cannot refrain from giving it publicity to the profession."

Two Cases of Dysmenorrhœa.

1.—Young married woman with extreme dysmenorrhœa—examination revealed a lacerated cervix (this trouble was consequent to parturition) and an aggravated endometritis. Treatment was given for one month, consisting of local applications and in the internal administration of Aletris Cordial. Patient positively cured, much to my surprise, as my prognosis was far different.

2.—Girl, 15 years of age. Commenced to menstruate at 14. For nine months previous to treatment had not been free from pain in lumbar region. A scanty, coffee-colored flow, attended with intense pain, at irregular intervals. Cephalalgia, nausea and constipation, superadded, had rendered her peevish, melancholy and anæmic. Administered one bottle of Aletris Cordial, teaspoonful doses, quieted pain with suitable analgesics, and in two months discontinued all treatment—heard from her as follows: Had menstruated once with scarcely any pain, the color was normal, her lumbar distress had disappeared and color was returning to her cheeks. Can highly recommend the Aletris Cordial, and shall expect great results myself.

H. S. DRAKE, M. D.,
Middleboro, Mass.

Traumatic Tetanus Treated with Chloral Hydrate in Conjunction Urethan: Recovery.

Dr. William Thomas Jackman thus writes in the *Lancet*: The following brief notes of a case of tetanus which recovered under the influence of the new hypnotic, urethan, in conjunction with chloral hydrate, are of interest as suggesting a new use for this valuable drug: J. C., a lad aged fifteen years, came under my care on March 15, 1886. The patient presented well marked symptoms of tetanus, which were evidently the result of an injured finger on his right

hand. This had been crushed by clogged wheels five weeks previously, and had healed up slowly under simple local treatment. The lockjaw was complete, and the opisthotonos well marked; severe paroxysms of pain were complained of, which were greatly exaggerated at night. The patient had noticed his neck and jaw muscles gradually becoming stiff for the past few days, but attributed this to a chill. Chloral hydrate in twenty-grain doses every three hours was ordered. This relieved the paroxysms of pain slightly during the day, but the lockjaw, opisthotonis and rigidity of the muscles of the leg remained the same, and the pains were just as severe and frequent during the night. Fluid nourishment was administered and the chloral treatment continued until March 25, when, as no abatement of the symptoms was apparent, after consultation with my partner, Mr. T. Simpson, it was decided to discontinue the chloral during the night, and in its place give the patient four grains of urethan every two hours, from 6 P. M. to 6 A. M. The first night of this treatment showed a marked decrease in the severity of the symptoms, and the patient made gradual and uninterrupted progress until April 20, when his recovery was established. The failure of the chloral hydrate to relieve the severe symptoms during the nights, and the well-marked improvement under the influence of the urethan, seem to point to the latter being likely to prove a very valuable drug in the treatment of tetanus, either prescribed alone or as above in conjunction with chloral hydrate.

Death from Chloroform.

Lady Flora Wilmot died at Swansea, England, after taking chloroform in a dentist's chair for the extraction of a tooth. The anæsthetic was administered by a physician. The patient had taken chloroform twice before without any bad effects. In all, but two drachms were used. All attempts to restore the patient by the use of nitrite of amyl and artificial respiration were of no avail. The physician remarked immediately after the extraction of the tooth, "I hate giving chloroform for you dentists, because you will have your patients sitting up." Both the dentist and the physician were exonerated by the jury which was called to hold an inquest. *Science* comments on this case as follows: "The evidences of the danger in the administration of chloroform are so overwhelming, except in

a few cases, that no one is justified, at the present day, in using it in so simple an operation as the extraction of a tooth; and a jury would be doing its full duty in holding responsible for the death of the patient any physician or dentist who administered it in such a case with a fatal result.—*Boston Med. and Surg. Journal*.

Antipyrine.

Dr. J. H. Frankenburg in a recent article discusses at some length the action of this drug in several diseases. He finds that in about twenty minutes from the time of its administration the skin becomes reddened and moist, and a profuse perspiration takes place, with the result of a considerable lowering of the internal temperature; the rapidity of the pulse is diminished, but comparatively less than the temperature. The return of the high temperature, like its reduction, is slow and gradual, lasting from three to six hours. In enfeebled women and children nausea and vomiting have sometimes ensued, and in a few cases marked somnolency. He has tried the drug in a great variety of diseases—for instance, typhoid fever, lobar and broncho-pneumonia, scarlet fever, peritonitis, meningitis, puerperal fever, acute articular rheumatism, erysipelas, intermittent fever, acute and chronic phthisis, and in cases of insolation. His usual plan was to begin with 15-grain doses, and if these were well borne to increase them to 30 grains, the drug being given to the extent of 90 or 120 grains daily. The effect varies greatly with the severity of the illness. If the disease was of moderate intensity, the time elapsing after its administration between the maximum and minimum temperatures varied from three to six hours; in severe cases with obstinate temperatures there was only a short intermission, or perhaps only a remission in the fever. A tolerance of the drug he never found established; in no case was a loss of response to the administration of the remedy found. In some cases an eruption was observed. Its appearance did not seem to be due to too prolonged use of the remedy, nor to its too liberal employment. It was not accompanied by any other toxic symptom, and it appeared without premonitory symptoms or any evidence of functional disturbance whatever. In intermittent fever he found that antipyrine shortened the duration of the fever, but did not prevent the occurrence of high temperature, nor of subsequent chills.

He concludes that antipyrine is a powerful antipyretic, in the great majority of instances perfectly safe, and free from many of the disagreeable features which most antipyretic drugs possess.—*New York Med. Record.*

A Strange Case of Strangulated Hernia.—BY L. LADMIRAULT,
D. M. P.

On the 15th of May, 1859, I was called to an African negro, aged about 66 or 67 years, suffering from a strangulated hernia of four days' duration. As he was in the habit of reducing the hernia himself, he had remained that long without asking for help. Stercoraceous vomiting, hiccough, the weakness of the pulse and coldness of the body seemed to indicate approaching death. At the request of his master I began the operation, assisted by him and an intelligent neighbor, who administered the chloroform. The hernia measured ten inches by five. After incising the tissues and opening the sac, a loop of the small intestines about fifteen inches in length was exposed, distended only by the accumulation of gases of a dark color, nearly gangrenous. The inguinal ring, although very large, admitted with difficulty the probe-pointed bistoury. An incision was made directly upward at the internal portion of the ring, so that the finger could be introduced into the ring, but reduction was still impossible. Drawing the intestines further out, I discovered that back of the inguinal ring the bowel was twisted twice on itself as a sausage. By untwisting it and driving up the gases in the rest of the intestines, the hernia was so diminished in size that it was returned without difficulty. Reaction took place immediately. Cicatrization was rapid, and the patient was soon able to return to his work wearing a truss.—*New Orleans Med. and Surg. Journal.*

Small Doses which are Effectual.

The present tendency in prescribing is to elegance and pleasantness. Although we have capsules, wafers, sugar and chocolate coatings, yet the drug may prove inert by the insolubility of the coating. Since the discovery of various alkaloids, small doses have become more common. If drugs are effectual in small doses frequently repeated, why not prescribe small doses?

But do not understand me to say that we can prescribe for all diseases in this manner. There are some troubles which are only overcome by heroic doses.

In diphtheria, scarlatina, follicular tonsillitis, potassium chlorate in one-grain doses every half-hour affords much relief, and is curative.

One-grain doses of croton chloral every half-hour in many forms of neuralgia is beneficial.

In obstinate urticaria, salicylate of soda in two-grain doses every half-hour acts well; also drop doses of balsam of copaiba every half-hour.

The vomiting of drunkards is often helped by half-drop doses of Fowler's solution every half-hour. This is also good in vomiting of pregnancy.

In erysipelas, the muriate of pilocarpine, one-tenth of a grain, hypodermically.

Wine of ipecac in drop doses every fifteen minutes will often arrest-obstinate vomiting caused by cancer; also useful in children.

For vomiting of infants, A. A. Smith, of New York, has used one grain of calomel to one ounce of lime water; to this add one pint of pure water, and give a teaspoonful of the mixture every ten minutes.

In wheezing and cough of children with bronchitis, good results may be obtained with tartar emetic, one grain to two pints of water, teaspoonful every half-hour.

Sick headache is often relieved by one drop of tinct. nux vomica every five minutes.

One of our best remedies for inflammation of the bladder is tinct. cantharides, one drop every hour.

In excessive menstruation, fl. ext. ergot has been successfully used in minim doses every half-hour, for six or eight hours before the expected flow. A simple febrile movement, with hot dry skin, full and bounding pulse, may be relieved by half-drop doses of tinct. aconite root every half-hour; also useful in acute nasal catarrh.

Sub-acute nasal catarrh, with abundant secretions, is often allayed by minim doses of tinct. belladonna every half-hour, until eight or ten minims are taken.

In malarial fever, when quinine fails, picric acid, one-eighth of a

grain, in combination with ammonia, is used with benefit; also beneficial in pertussis.

In asthma, with indigestion and anæmia, Fowler's solution in one-drop doses often proves remarkably beneficial.

Apomorphia, one two-hundredth of a grain three or four times a day, often produces brilliant results in spasmodic coughs.

Cannabis indica, one-third to one-half of a grain, given for weeks, is a useful agent in the treatment of megrim.

Atropia, in doses of one two-hundredth of a grain, usually controls night sweats.

Digitalis, in small doses frequently repeated, exerts a beneficial influence over different kinds of hemorrhages.

Many troubles could be treated with small doses, and benefited as much, and often more, than to administer larger doses.—*Medical Digest.*

Treatment of Ringworm.

Dr. Searlis recommends oil of turpentine for the cure of ringworm of the scalp (*Medicina Contemporanea*). The hair should be closely cut over the affected part, and for a short distance around, and then turpentine is to be liberally applied, and rubbed in well with the finger. This is allowed to remain for about five minutes, and is then washed off with carbolic soap, and afterward with hot water, and the patch is then painted with dilute tincture of iodine, or with a two-per-cent solution of iodine in turpentine. The application is to be made once or twice a day, and is not painful, though it causes a slight smarting. The writer asserts that he has cured in ten days, by this method, cases of ringworm that have resisted all other modes of treatment.

New Method of Anæsthetizing the Uninjured Skin with Cocaine.

Dr. Wagner, at the Society of Physicians' meeting at Vienna, held Feb. 5, 1886, described a method by which the uninjured epidermis might be rendered anæsthetic through the application of cocaine. For this purpose he made use of the property of a galvanic current discovered by Dr. Haertner, in consequence of which fluids move from the positive to the negative pole. If the positive electrode is dipped in a cocaine solution, and placed upon the skin, and the

negative pole placed a short distance from it, and a current allowed to pass, the skin lying between these two points of application of the electrode becomes anæsthetic. Wagner made a number of experiments to determine the value of this method to surgical practice in the clinic of Prof. Billroth, and found that by means of this such anæsthesia as would prevent the appreciation of incisions of the skin was readily attainable.—*Thera. Gaz.*

Aconite in the Fevers of Childhood.

Dr. W. Barrett Roué, writing in the *Provincial Medical Journal* of May 1, 1886, complains that English physicians make too little use of aconite in the febrile affections of childhood, and urges its more general employment. He gives it in small and frequently-repeated doses (one-fourth to one-half minim of the tincture every three or four hours for children three or four years old), combining it with tincture of belladonna (one to two minims) to prevent depression. As soon as the child perspires freely, the medicine has done its work and should be stopped, to be again employed if there be a further rise of temperature. In cases of more than usual prostration he combines the aconite with carbonate of ammonia, and accompanies the mixture with brandy. The aconite, he says, will act equally well in such a combination, and there is nothing unscientific in so prescribing it.—*Ex.*

Incontinence of Urine.

A girl, 12 years of age, had been suffering from this complaint for two years, otherwise she enjoyed perfect health. She was ordered 15 grs. chloral hydrate every night on going to bed, to eat nothing after six p. m., and use no stimulating drinks. The first night she rested well, and did not get up once instead of four or five times as usual, besides wetting the bed. She still had the desire to pass urine frequently through the day, so the chloral was continued for two weeks, decreasing the dose to 10 grs. She remained perfectly well. Dr. Barclay says he has treated twenty cases of incontinence with syr. iodide of iron with no failure. Drs. Manson and Smith have found this syrup in 20-drop doses after meals equally satisfactory. And I have found it more generally successful than any other single remedy.—*Medical Summary.*

EDITORIAL.

The American Medical College.

Lectures in this institution are well under way, and there is present an intelligent, appreciative class.

It should be remembered by those contemplating the attendance of medical lectures, that the American Medical College is open from September to June, and that students may enter any time before January 25th, and still have credit for *one session*. It is well to attend lectures early in the Fall, but a very satisfactory "course" may be taken after the middle of January. For announcements and other information, address

DR. GEO. C. PITZER, St. Louis, Mo.

BOOK NOTICES.

THE PHYSICIAN'S LEISURE LIBRARY. A Series of Twelve New Valuable Medical Books by Eminent Authors, for \$2.50. Single copies, 25 cents each. These are the titles of the twelve books:

"New Medications." By Professor Dujardin-Beaumetz, Physician to the Cochin Hospital, Member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine. Translated by E. P. Hurd, M. D., Member of the Massachusetts Medical Society, Vice-President of the Essex North Medical Society, one of the Physicians to the Anna Jaques Hospital, Newburyport, Mass. A Comprehensive Review of Progress in Therapeutics for the last thirty years.

"A Manual of Inhalers, Inhalations and Inhalants, and their Use in the Treatment of Catarrhal Diseases of the Respiratory Tract." Profusely Illustrated. By Beverley Robinson, M. D., Clinical Professor of Medicine at Bellevue Hospital Medical College, New York, Visiting Physician St. Luke's and Charity Hospitals, etc., etc.

"The Use of Electricity in the Removal of Superfluous Hair, and in the Treatment of various Facial Blemishes." By Geo. Henry Fox, M. D., Clinical Professor Diseases of the Skin, College of Physicians and Surgeons, New York; Professor of Diseases of the Skin, New York Post-Graduate Medical School; Visiting Physician N. Y. Skin and Cancer Hospital, etc.

"Spinal Irritation (Posterior Spinal Anæmia)," By Wm. A. Hammond, M. D., Surgeon-General U. S. Army (Retired List), Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital, etc.

"The Modern Treatment of Eczema." By Henry G. Piffard, A. M., M. D., Clinical Professor of Dermatology, University of the City of New York; Surgeon to the St. Elizabeth Hospital; Consulting Surgeon to Charity Hospital; Consulting Surgeon to the Bureau of Out-door Relief, Bellevue Hospital; Consulting Dermatologist to the New York Infant Asylum, etc., etc.

"On the Determination of the Necessity for Wearing Glasses." By D. B. St. John Roosa, M. D., LL.D., Professor of Diseases of the Eye and Ear, New York Post-Graduate Medical School; Surgeon to the Manhattan Eye and Ear Hospital.

"Practical Bacteriology." By Thomas E. Satterthwaite, M. D., Professor of Pathology and General Medicine in the New York Post-Graduate Medical School and Hospital.

"The Modern Treatment of Ear Diseases, as illustrated by over two thousand consecutive cases at the New York Eye and Ear Infirmary." By Samuel Sexton, M. D., Aural Surgeon.

"Granular Lids and Contagious Ophthalmia." By W. F. Mitten-dorf, M. D., Ophthalmic Surgeon New York Eye and Ear Infirmary, Out-door Department of Bellevue Hospital, N. Y., Infant Asylum, New York Nursery and Child's Hospital, etc., etc.

"Antiseptic Midwifery." By H. J. Garrigues, M. D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital; Visiting Obstetric Surgeon New York Maternity Hospital; Obstetrician to the New York Infant Asylum; Gynæcologist to the German Hospital, etc., etc.

"The Physiological, Pathological and Therapeutic Effects of Compressed Air." By Andrew H. Smith, M. D., Professor of Clinical Medicine and Therapeutics New York Post-Graduate Medical

School and Hospital; Attending Physician Presbyterian Hospital; Surgeon Manhattan Eye and Ear Hospital, Throat Department; Consulting Physician to the Orthopædic Hospital, etc., etc.

"Pregnancy, Parturition and the Puerperal State, and their Complications." By Paul F. Mundé, M. D., Professor Gynecology New York Polyclinic; Visiting Physician Maternity and Mt. Sinai Hospitals, New York.

We have received some of these books, and they are fine. For full particulars, address GEO. S. DAVIS, Medical Publisher, P. O. Box 470, Detroit, Michigan.

MISCELLANEOUS PARAGRAPHS.

Eclectic Medical Society of Missouri.

The object of the Eclectic Medical Society of Missouri is to maintain organized co-operation between physicians, for the purpose of promoting the art and science of the practice of Medicine and Surgery, and the dissemination of beneficial knowledge, and an improved practice of medicine. Upon such union and co-operation the Eclectic School vitally depends.

It is the desire and aim, therefore, to include in this Association all the representative Eclectics of the State of Missouri who are allied to us by conviction and principle. You are cordially invited and requested to unite with us at the next annual meeting of our Society, which will be held Oct. 6th and 7th, 1886, in the halls of the American Medical College, 310 N. Eleventh st., St. Louis, Mo.

The conditions of membership are as follows: Membership fees (including first annual dues), \$2.00; and you will pay an annual dues thereafter of \$1.00 to retain your membership. If not able to be present at our meeting, you may transmit the fees, together with name and post-office address, to the Secretary, who will propose your name to the Society, and when reported on favorably by the Board of Censors, and elected, you will be entitled to and will receive a certificate of membership. Doctor, you will find it greatly to your interest, as well as a help to the cause, for you to join.

The Eclectics are now recognized upon an equal footing with any

other school of the State, and one of the members of the State Board of Health represents our school.

By a State organization, with a full membership, we will enjoy rights and benefits that cannot be accorded to us unless we show ourselves organized and equipped to stand by our rights and command respect in the community in which we reside.

To the members of the Society I would ask that they join with us at the next meeting, and by their presence show that they appreciate the benefits of the Society, by increasing the attendance and showing to the world that Eclecticism is on the boom. We expect to have a large and interesting meeting. A goodly number of our able men have been appointed to prepare papers on different subjects, hence we look for something good as well as a variety of good things.

We have placed the meeting at the time we have for the purpose of taking advantage of the low railroad fares, and at the same time giving you an opportunity of seeing the City of St. Louis during its most brilliant and attractive periods.

By motion and second, adopted by the Society at its meeting in St. Louis Oct. 7th, 1885, the President and Secretary were authorized to designate Sections, according to the plan of the National Eclectic Medical Association, for the various departments of medical knowledge and research. In pursuance of the said action of the Society the following appointments have been made:

SECTION A. *Practice of Medicine, Materia Medica and Medical Chemistry.* Chairman, F. McClannahan, M. D., Tipton, Mo.; Secretary, A. V. Thorpe, M. D., Jamestown, Mo.

SEC. B. *Public Hygiene, Jurisprudence and Medical Legislation.* Chairman, W. V. Rutledge, M. D., St. Louis; Secretary, N. M. Carter, M. D., Sedalia, Mo.

SEC. C. *Surgery, Surgical Diseases and Disorders of the Eye, Ear and Larynx.* Chairman, E. Younkin, M. D., St. Louis; Secretary, H. L. Henderson, M. D., Plattsburg, Mo.

SEC. D. *Obstetrics, Gynecology and Disorders of the Pelvic Organs.* Chairman, A. Merrill, M. D., St. Louis; Secretary, I. Frank Noel, M. D., Unionville, Mo.

SEC. E. *Psychology, Mental and Nervous Disorders and Electro-*

Therapeutics. Chairman, John T. Sibley, M. D., St. Louis; Secretary, J. H. Snyder, M. D., Cameron, Mo.

SEC. F. *Dermatology, Diseases of Children and Special Therapeutics.* Chairman, Geo. C. Pitzer, M. D., St. Louis; Secretary, T. Hodge Jones, M. D., Kansas City, Mo.

The following papers have been promised:

"*Practical Aphorisms in Surgery*," by Prof. E. Younkin, M. D.

"*Chloroform and its Effects*," by Otto F. Voight, M. D.

"*The Early Diagnosis of Tubercular Diseases*," by R. L. Galbreath, M. D.

A great many others have been requested to prepare papers who have not reported by title, hence their names do not appear here, but we think that they will all come prepared with something good.

It will be to the interest of every lover of rational medical progress to be in attendance.

E. J. WILLIAMSON, M. D.,

M. M. HAMLIN, M. D., Sec'y,

Pres. E. M. Society of Mo.

Gray's Summit, Mo.

The Treatment of Gonorrhœa by Iodoform.

Dr. Alexander V. Khrul, of Irkutsk, Eastern Siberia, recommends the treatment of gonorrhœa after the method of Dr. Watson Cheyne, somewhat modified, which he has successfully practiced about two years. An ointment made of one part of iodoform and ten parts of vaseline is somewhat liquefied by heating, and then aspirated (by suction) into a fine elastic catheter, the latter being anointed externally with the same mixture, and introduced into the urethra to the depth desired. The ointment is blown out of the catheter by the operator's or patient's mouth applied to the free end of the instrument. The advantages claimed for this plan by the author, on the ground of seventeen cases, are as follows:

1. It enables even deeper parts of the urethra to be subjected to the direct action of the iodoform.

2. While covering the urethral walls, the ointment gives them sufficient protection against any irritating influence of the urine.

3. The method enables us to get rid of internal administration of balsamic drugs, which are injurious, being apt to produce renal pain, albuminuria, and nephritis.

4. On the other hand, it enables one also to get rid of the treatment by watery injections, which do not allow any prolonged contact of the medicaments with the diseased mucous membrane.

5. The ointment produces a strikingly rapid narcotic and disinfectant action, the painful phenomena of the acute stage disappearing within twenty-four hours.

The method is especially indicated in persons with irritable urethra and kidneys. The single drawback is the necessity of aspirating and insufflating the ointment by the mouth, which procedure may appear rather unattractive, even to not over-fastidious people. However, it might be replaced by the use of an india-rubber contrivance.—*London Medical Record*.

Tongaline.

"Have prescribed Tongaline frequently for cases of neuralgia and rheumatism, and have not been disappointed in a single instance."

P. A. CASHON, M. D., Martin, Tenn.

"Consider myself fortunate in having found such an excellent remedy as Tongaline for the very troublesome disorders which it controls so thoroughly."

HENRY GREGORY, JR., Laurel, Franklin Co., Mo.

"Have used Tongaline for sciatica with the most happy effects, relieving the pain and restlessness and curing the case with very little of the medicine. In a case of rheumatism of the neck and shoulders of a neuralgic character its action was everything that I could have desired. In future I shall use Tongaline more freely, being convinced of the great value of the preparation."

BEN. H. BRODNAP, M. D., Brodnap, Morehouse Parish, La.

Urethan.

Some months since, the attention of the profession was directed to a new hypnotic and sedative called Urethan. It was greatly extolled, and claims were made for it which seem to be fully sustained by repeated experiments and use.

The conclusions reached are that we have a powerful and yet very safe hypnotic. That it is very agreeable to take, and does not interfere with any of the functions of the body. That upon its administration calm sleep, without dreams, follows in about ten to forty

minutes. Some observers claim to have seen patients under the influence of the drug from twenty-four to forty-eight hours after one administration. All agree that it is not rapidly eliminated from the system. This is a fact we must bear in mind in its use, although it can be tolerated in large doses. It seems to be an established fact that the dose of this drug is from twenty to sixty grains, once or twice daily. "It is clear that the principal action of urethan is on the brain, without producing any marked irritation of the peripheral or sensory apparatus; consequently it is useless in the treatment of neuralgic pains, as well as in the pains of locomotor ataxia. But in other conditions, where sleeplessness is the main symptom to be combated, urethan seems to possess the greatest advantages, since it is well borne by the patient; it produces absolutely no unpleasant symptoms, and the sleep which it provides is identical with normal physiological sleep. It would also appear that this remedy is particularly suitable for use in the treatment of diseases of children, where the need of a safe and sure hypnotic for children is greatly felt." We see from various reports that all agree it is well adapted to the treatment of insomnia, associated with heart and pulmonary troubles. It has a peculiar effect in insomnia, associated with this former class of diseases. There is a difference of opinion as to its action on the human system. Some observers claim that it acts simply on the cerebrum, and that it does not affect the respiratory or circulatory apparatus; while others say it acts on the spinal cord, and by its use the number of heart-beats and respirations is reduced. This seems to be conclusively proven, although the former view is sustained by many prominent men, after careful research and investigation with the drug. Prof. Coze has shown that, physiologically, it is an antidote for strychnine.

At a recent meeting of the Medical Society in this city, an interesting paper was read on Urethan. The author reported many cases of sleeplessness treated by its use, with invariable good results. Those present related the successful use of the remedy in many cases of insomnia, associated with various diseases. The only failure reported was in a case of hysteria, where all remedies failed. In addition to the treatment of insomnia, we find it applied by Prof. Coze to the treatment of convulsions, especially tetanus. We should then give this new remedy a trial in epilepsy, chorea,

tetanus and migraine; if it be found to be as valuable in this field as in that in which it already has a place, it will be a great boon to the profession.—*Buffalo Med. Surg. Journal.*

Cocaine as an Anodyne in Mercurial Stomatitis.

Dr. Bockhart (*Monatsh. f. prak. Derm.*) recommends that in mercurial stomatitis the gums should be painted with a five per cent. solution of cocaine when the swelling is moderate, a ten per cent. solution being used in more severe cases, and in very severe cases a twenty per cent. solution. In the slighter forms the solution is painted with a brush on the gums once daily, an hour before food; in the more severe forms twice daily, ten minutes before food. The cocaine solution can be used by the patient himself. When brought into contact with the mucous membrane it causes a momentary sensation of burning, and a temporary increase in the secretion of the saliva. The brush must be disinfected with carbolic acid after use, otherwise the bacteria which it brings with it from the gums lead to decomposition of the solution of cocaine. Great relief is said to be given by this remedy.—*The Practitioner.*

Blennorrhagia and Resorcin.

In the *Rev. des Sci. Méd.*, Dr. Munnich reports a series of cases of urethritis treated abortively with a three per cent. solution of resorcin. Cure resulted in sixty-seven cases out of one hundred and eight. Of these, forty-one patients were treated on the first day of the discharge, thirteen on the second, seven on the third, and six on the fourth. The unsuccessful cases were all of comparatively long standing. Two injections were made in the daytime and two at night. Patients were directed to drink a good deal of water and to urinate before each injection. In the sixty-seven cures the secretion had become very light on the seventh, and ceased on the fourteenth day. In one instance the intensity of the urethritis caused a suspension of treatment.

The Jefferson Medical College.

Jefferson Medical College has recently been receiving considerable adverse criticism from the medical press. A part of this criticism is just, but much of it, we think, is entirely unmerited.

That Jefferson has failed to adopt the three years' course of instruction, that she has instituted no entrance examination, that her faculty is relatively small, and that her final examinations are such as to be easily passed by nearly every applicant, are matters worthy of criticism; but that the recent resignations of one professor and two lecturers were due to causes incidental to the forthcoming International Congress we do not believe, and can not but feel that all criticism based on that supposition is unjust and undeserved. We may be in error, but such is our conviction.—*Columbus Med. Jour.*

Pure Medicines.

It is useless for physicians to try and practise successfully if they have not remedies that can be relied upon. Especially is this the case in our school, which uses so many vegetable remedies liable to be spoiled by careless collecting and improper preparation. Those who use Lloyd Brothers' Specific Medicines never have cause for complaint. Dr. Robert C. Bryan, Perry, Ga., writes, that, had it been his privilege to have employed them when he began practice forty years ago, he is satisfied Allopathy would now be dead in his section of the country, so successful has he been in obtaining reliable results from their use.

Sleeplessness.

Dr. J. Milner Fothergill says of sleeplessness: "One broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral where it is due to a high blood pressure in the arterial system; the bromides, where there is any peripheral irritation. Opium, having a pronounced effect upon the sensory portion of the brain as an anaglesic, is the drug par excellence in sleeplessness due to pain. Whenever there is a morbid condition in tense tissues, as syphilitic node for instance, pain on going off to sleep is set up by that dilation of the blood vessels of the system generally which is essential to brain depletion. The effect of pain is to arouse the brain into wakefulness. Where such a complication exists, it is well to combine the opiate with some potent depressant of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end."—*Brief.*

Explosive Mixtures.

Chlorate of potassa and sulphur explode readily upon trituration. They should therefore be ground separately, and mixed after.

Lycopodium explodes if any of the dust falls into gaslight. Mix in daytime.

Hypo-phosphite of calcium explodes at high temperatures easily.

Oxalate and citrate of calcium explode at high temperature.

Permanganate of potash and any organic substance explode readily, almost instantly, upon being mixed together.

A mixture of chlorate of potassa or potassium, glycerine and ferric chloride explode almost instantly if superheated. Leave out glycerine always.

Ozone powders are very explosive.

Iodine and ammonia explode easily.

Sulphuric acid and oil of turpentine explode during the manufacture of terrebene, a new compound among physicians.—*Vemo, in Medical Summary,*

Remarkable Accident while Tapping a Hydrocele.

A rare and remarkable accident during the ordinary operation of tapping a hydrocele is reported from Bordeaux. The patient was a healthy peasant of 44 years of age, who had never suffered from any venereal affection. The hydrocele, which was on the right side, had been in existence some two years, and had followed an accidental blow. As it continued to increase in size he sought advice, and was admitted into M. André Boursier's clinic. When the trocar was introduced, about one hundred and twenty-five grammes of straw-colored fluid came away. M. Loumeau, who performed the operation in M. Boursier's presence, then, having satisfied himself that the extremity of the canula was free in the cavity of the tunica vaginalis, proceeded to inject gently sixty grammes of a tincture of iodine with twice its volume of water. All at once the patient complained of severe pain in the cord and loins, with cramp in the right forearm. The ulnar border of the right hand then became flexed, the ring and small fingers being completely flexed, while the index and middle fingers, though extended as far as the second and third phalanges were concerned, were flexed at their metacarpo-phalangeal articulations. The thumb was also flexed and brought near the fin-

gers. Exactly the same position was shortly afterwards assumed by the left hand. There were no convulsions or syncope. After a few minutes the "ulnar griffe" began to relax, and the index and middle fingers became flexed completely on the hand, which itself became strongly flexed on the forearm. All the muscles on the forearm became hard and contracted. The palmar fascia was strongly retracted, and the palmaris brevis quite tense. On both sides the ulnar affection had given place to contraction of the muscles supplied by the median nerve. The patient was unable to articulate a sound, his tongue hanging loosely in the buccal cavity. The muscles supplied by the hypoglossal nerve were also contracted, but for a short time only. The forearms were shampooed, and after nearly an hour the muscles relaxed. The patient recovered completely, and left the hospital after a few days. M. Loumeau has been unable to find an example of this kind in medical literature; but M. Desplats, of Lille, published a paper on pleural eclampsia last year in the *Semaine Médicale*, in which he refers accidents connected with pleural operations to four categories: (1) toxic action of the liquid injected, (2) true epilepsy, (3) uræmia, (4) reflex action. The author surmises that the accident was due to reflex irritation of the nerves of the serous membrane by the liquid injected. The testicle, it may be remarked, was in no way injured. Whatever explanation may be offered, the fact remains, which is itself sufficiently extraordinary, of a healthy peasant man of middle age being thrown into a state of severe nervous spasm by the performance of a very simple and very common surgical proceeding.—*Lancet*.

A Case—Spigelia.—By JAMES A. CAMPBELL.

To record cures by the properly selected remedy, may, to the initiated, seem like vain repetition; but in this age of doubts and skepticism it is really a pleasure to see one's faith conspicuously confirmed. I give the following case, not because it is unusual, but to illustrate the brilliant action of a remedy which seldom fails me when indicated—there are remedies which seem to deceive us:

Mrs. O. H., age 32. Eyes sore more or less for sixteen years—"better and worse." No discharge of matter, but much lachrymation and photophobia, severe pain in and about eyes; shooting back

through eyes and behind eyeballs. This was accompanied by a headache characterized by the marked and significant peculiarity that it commenced early in the morning and ceased only after sundown.

Eversion of the lids showed only conjunctival congestion. The cornea was dull and as if mottled. The eyeballs seemed as if drawn in the head.

During the sixteen years spoken of she had suffered from just such trouble, never free from it, but better and worse in turn.

She had received much treatment with little or no benefit. Her vision when I saw her was only 15-100 with right eye, and 15-200 with left eye. Such was the unhappy picture.

Recognizing the condition as one of purely neurotic origin with the symptoms above given, she was placed under spigelia 6th three times daily. Atropia sulph. (gr. ii to $\overline{3}$ i aq. destil.) was dropped in eyes every two or three days, for the mechanical effect of keeping the pupils dilated, so that this element of irritation by alternate dilatation and contraction might be avoided.

The improvement was rapid and marked. She reported that after taking the first dose of the medicine it seemed as if her head would burst, but this was the last headache she had, although she had been thus afflicted for so many years.

It might be suggested that possibly the local application of atropine was the remedy which accomplished the work. This may be conclusively answered by the statement that for weeks and weeks, before coming under my care, atropine had been used by her medical attendant, as is universal under both schools of medicine.

This improvement thus commenced continued until the afflicted parts had resumed their normal condition and until fully restored. It is now six months since she was discharged, and still all is well with her.—*St. Louis Periscope.*

The Treatment of Ulcerative Otorrhœa

With a mirror on his forehead, and a good light thrown down a silver speculum therewith, a surgeon first cleanses the whole meatus thoroughly by means of little rolls of salicylic wool, wrapped round the end of a tapering probe. If this is thoroughly done, the granulations will be well seen in every part. Some of them may be

so prominent as to form small polypi; others may be hardly at all raised. In either case, they must be scraped away freely with a sharp-edged curette and removed. The whole fundus of the ear is now cleansed and dried with small rolls of salicylic wool, as before; and, when quite dry, is touched freely with a roll of wool dipped in strong tincture of perchloride of iron. This fluid should be conveyed only to the ulcerating surface, and should be limited in amount. When it has remained in contact with the diseased area for a few seconds, it is dried off, and then a small quantity of iodoform, in fine powder, is blown over the part operated on. If this treatment be very carefully carried out in detail, ears, which have been discharging for months or years, may often be brought to heal in a few weeks. Everything depends on producing an aseptic, instead of a septic condition in the ears.—*British Med. Jour.*

The Treatment of Puerperal Convulsions with Pilocarpine.

We have two or three times in previous issues alluded to the use of pilocarpine in puerperal eclampsia. Dr. Jas. Murphy, in the *Lancet* for May 29, 1886, publishes notes of three cases of convulsion occurring in the puerperal state, in all of which pilocarpine seemed to reduce the severity and frequency of the convulsions, and all of the cases recovered, a fact which by itself is sufficient to indicate that in all probability the recovery was partly, if not largely, to be attributed to the use of this remedy. The alkaloid was given in the dose of one-third of a grain injected hypodermically, as often as every six hours, or more frequently, if necessary.—*Therapeutic Gaz.*

Dr. Bartholow's Insult to Southern Illinois.

In the *Maryland Medical Journal* for Sept. 4 is found the following extract from Professor Bartholow's address before the University of Maryland Alumni Association in 1882:

"An uncouth and ignorant people would not appreciate, would not indeed understand, a polished physician, full of the culture of the schools. Prof. Charcot and Sir William Jenner, equipped with all the resources of scientific medicine, would fail to please the people of Egypt in Southern Illinois, when a botanical physician, with lobelia and No. 6, would excite their enthusiastic admiration."

This is a gratuitous slander of a most intelligent section of a state

renowned for its advance in science and general education. The probabilities are that the requirements of its Board of Health are becoming too severe for the college in which this man is permitted to act as Dean. The West was fortunate when Bartholow went East. The Southern Illinois Medical Association could easily instruct him in many things, were he to attend its meetings, but it would require him to *tell the truth and be a gentleman.*—*Weekly Med. Review.*

Shall a Doctor Tell his Patient what Medicines he is Using?

"I once had treated a case of inflamed eyes with finely powdered salt. When the woman asked me what I was using, I said it was chloride of sodium. It worked well for several days. Once, as I was washing it off with water, the patient tasted it. Smacking her lips, she knowingly said: 'It tastes like salt.' I said: 'It is salt.' She straightened up, looked me defiantly in the eyes, and said: 'What! salting my eyes and charging me two dollars a day for that? I can get them salted cheaper at home.' I never saw her again. As long as it was chloride of sodium it worked like a charm. When suddenly it became salt, the charm went with my patient."—*Prof. Williams in Ind. Eclectic Journal.*

Kidder's Batteries.

ALBANY, TEXAS, Sept. 11th, 1886.

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Gentlemen:—The Electrode came all O. K., also the Battery.* * * I must thank you for your promptness in filling my little orders, and will further say that I regard the "Jerome Kidder Battery" the *very best* that is made; it has proven satisfactory in every disease I have treated with it. Very truly,

W. M. POWELL, M. D.

Dysmenorrhœa.

It was in the relief of this painful malady that the Viburnum Compound first attained its great reputation, and for which the original prescription was written by Dr. Hayden more than twenty years since, and in which it excels all other remedies, exciting the deepest gratitude on the part of the suffering patient and the highest

admiration of the physician who may have tried all other means in vain. In the language of the late lamented Professor Rufus King Brown, Professor of Physiology in the old New York Medical College: "It approaches as near a specific in Dysmenorrhœa as anything in medicine."

Homœopathic Doses.

Patient comes in. Homœopathic doctor takes a powder from a jar and says to the patient, "Smell that—now you are cured." Patient says, "Doctor, how much do I owe you?" Doctor says, "Twenty dollars." Patient shows a twenty-dollar bill and says, "Smell that—now you're paid"—*Ex.*

Bee Stings.

Dr. G. O. Fraser, of Randolph, O., writing on this matter, says: Seeing different remedies recommended for bee stings, I wish to say that I have tried alkalies, soda, ammonia, liquor potassa, honey, rub with an onion, bruised tobacco, etc., and with thirty years' experience can say that a small amount of oil of cinnamon, applied with a small straw, end of knitting needle, or small splinter, is worth more than all the rest. Use only a little, for it will blister.

Treatment of the Cystitis of Blennorrhagia.

Take every day three of the following powders in an infusion of linseed: *R.* Powd. leaves of hyoscyamus, gr. xx.; sugar, $\mathfrak{z}\text{iv}$. *M.* Sig.—Divide into seven powders. If the pain resists, a tablespoonful, every half hour, of the following infusion will be found very efficacious: *R.* Hyoscyamus leaves, gr. xlv.; boiling water, $\mathfrak{z}\text{iv}$. If dryness of the throat were felt, or somnolency, the administration should cease, and a cup of strong coffee will set all right. By these means, and in a few hours, the most severe pain is eased.—*Medical Press.*

As Good as a Hypodermic.

If you want as sure and speedy action from your drugs as if you gave them hypodermically, administer them in hot water. One-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed, and the whole force of

the drug thrown upon the system at once. Few people realize how long a dose will remain in the stomach if that viscus be chilled. Beaumont found that a glass of ice water stopped digestion for one hour. This method of administration is particularly suitable for the vegetable preparations, opiates, etc.—*Med. World.*

Chronic Diarrhœa.

Dr. T. C. Smith, of Aurora, Ind. (*Amer. Pract. and News*), recommends drachm doses, three or four times a day, of a saturated solution of salt and cider vinegar.

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THE
AMERICAN MEDICAL JOURNAL.

VOL. XIV.

NOVEMBER, 1886.

No. II.

ORIGINAL COMMUNICATIONS.

ART XX. — Notes on Vexed Questions in Medicine. — BY LEMON
T. BEAM, M. D., JOHNSTOWN, PA.

Doctors versus Patent Medicines.—There is no question in the medical profession as to what should be done with secret nostrums, and the physician who stoops so low as to prescribe or endorse such an article is unworthy of the confidence and esteem of his brethren. But the question, "What shall we do to protect the public from medical imposition and fraud?" is not so easily adjusted.

The drug stores are filled with these patent and secret nostrums, and, in most cases, the druggist, in place of acting as the handmaid to the physician, is the subsidized agent for their advertisement and sale. Often, too, does he steal the physician's patient by his "counter-prescribing."

And just here the question of "the relation between druggist and physician" is growing more lovely day by day. What! with the increasing patent medicine trade, counter-prescribing, substitution and repetition of prescriptions, the dispensing question is growing quite interesting.

As things are going on at present, there seems to be but one way of meeting the difficulty, and that is for each physician to take his individual patients in his own hands, dispense his own medicine, and so far as his influence extends supplant quack, secret or patented medicines by the adaptation of non-secret remedies to meet the popular demand.

It appears evident that in spite of all that the doctors can do, either by an appeal to reason or by legislation, that the people will have their pain-killers, cough and worm syrups, pills, blood-purifiers, and the like, the medical profession to the contrary notwithstanding.

Cure-alls a Pestilence.—It is estimated that one-half of the money expended by the community for the cure of disease is at present wasted in the maintenance of a vile and worthless quackery. But, as compared with the health and precious lives that are sacrificed in consequence, the money is quite insignificant. Is it a normal state of society that allows of such things? To say that a pestilence is preying upon the most vital and the dearest interests of society is neither deserving of censure nor apology.

It is unnecessary to go into detail. There are persons who persist in always gulping the bait which humbug offers, despite all warnings against fraudulent advertising and medicine—yet, I put it to the conscience of all considerate druggists and merchants, are not all agents who cater to such credulity by selling such goods parties to the swindle?

The hundreds of tons of advertised “patent medicines” annually sold in our country are claimed to be “specifics” for from one to fifty or a hundred diseases each. They would not be bought and used were not the purchasers convinced by the ingenious and plausible statements put forth by the manufacturers or sellers, and by certificates of cures, usually manufactured, that these medicines are really specifics for their own real or imagined maladies.

A large proportion of the advertised medicines that flood the land are simply inert compounds. They are seldom composed of the articles alleged by the proprietors. Again, the fraudulent pretense often is, that the nostrum is composed of rare and expensive substances, and this is an apology for an exorbitant price. I say, fearlessly, that ninety-nine per cent. of these medicines, when found to possess any power, owe it to agents in common use by and familiar to the general practitioner.

What every community requires and must have, to shield and preserve it from medical imposture and fraud, is an enlightened public sentiment—the people must entertain sensible views of medicine—then can physicians have a rational basis for the practice of their art—not till then.

Are Household Remedies a Necessity?—From a conviction that the medical profession have neglected to meet the demand which of necessity exists for this class of remedies, and that failure in this respect left the field open and a prey to the heartless quack and nostrum vender, I believe it to be a plain duty of the physician—each in his sphere—to bring before the public a group of medicines for family purposes, to replace, to the extent of his influence in the community, use of patent or secret nostrums.

Furthermore, believing thus, that patent medicine venders, nostrum inventors and mongers of all sorts of cure-alls have taken advantage of the “situation,” and, as a rule, they are based upon fraudulent pretenses and practices; as, for example, when it is proclaimed: That they excel in curative virtues the ordinary remedies known to the medical profession; that they are composed of rare, expensive and far-fetched agents; that they are compounded by secret methods and by a mysterious skill not possessed by or known to the regularly graduated physician or pharmacist. Therefore, a portion of my time is devoted to this work, and the remedies are presented in such form, with full directions accompanying each package, as to be the best adapted to the public use.

The formulæ is published on each article. Full directions are given on each, how and when they are to be used, thus adapting them to household use. I thus appeal to the intelligent discrimination of the community in which I reside, believing that remedies of known composition and value will be preferred and used in place of the “infallible cures,” the secret stuff palmed off by bogus doctors and nostrum venders, which, if they did not lie, would make man live forever and leave death to play for want of work.

My aim, therefore, in this project, which I have originated (but which is not held by me by letters patent), is to do my whole duty as a member of the medical profession. As such, I conscientiously believe it to be my duty to discourage the use of secret patent nostrums by the people; to replace them among my patrons, so far as my influence extends, by a full line of needed family medicines of which the public can know the formulæ and value.

My position on this question was stated in positive terms in the first edition of the *Herald of Domestic Medicine* (issued in 1870),* to-wit:

* Published yearly. For a sample copy send stamp to my address.

"My domestic remedies are prepared and designed alone to meet emergent and the more simple cases in the absence of a doctor. For this purpose you should keep them in the house, and when a case occurs in the family of one or another of the hundred ordinary ills that are sure to come, select the remedy adapted and treat accordingly. If the symptoms are protracted or threatening, send without delay for your family physician.

"Futhermore, if you can obtain of your family physician, or if a physician of repute in your community will furnish remedies thus prepared, I advise you by all means to support him, in preference to buying those that are imported. **MAKE IT A RULE NEVER TO BUY OR USE PATENT OR SECRET MEDICINE.** Support and encourage the medical profession, the business of whose members it is, not only to furnish all that is required in this direction, but to warn the public and use their influence against the sale or use of quack nostrums."

If the reader will but reflect upon and consider this subject, the discussion of it need not be prolonged—as but few additional points need be presented to sustain the position I have taken.

In many cases it is positively necessary to have a remedy at hand which can be resorted to at once, or the life of the patient is jeopardized. Quick and fatal diseases attack generally suddenly, and before the physician (who may be miles distant) can be called something must be done—generally is done. The friends of the patient, whether competent or not, must bear the responsibility in such a predicament. And the responsibility increases in direct proportion to the distance from a physician; and, on the other hand, the physician's culpability increases in a direct ratio with his neglect in providing his patients with the ready remedy or remedies for home use.

Druggists versus Doctors.—It will be observed that by my course I am, in a quiet way, helping to settle the "physician and druggist" question. And while I maintain that it is not beneath "professional dignity," and that from a personal experience its practical workings are satisfactory, I also maintain that it is of benefit both to the physician and the public. It is not, as may be alleged, going back to an ancient custom, since, with the facilities at hand, there is a great deal of difference between the old fashion, when the doctor weighed and measured and mixed his own prescriptions, and that of simply handing the patient a box of artistically prepared pills or a bottle of an enticing elixir. And why should he not have and give

the preparation at once, instead of sending his patient to a druggist, who, perchance, may be doing all he can to destroy his (the physician's) legitimate business?

I do not wish to incite any unreasonable prejudice against druggists, in referring to their "methods of business;" many of them, no doubt, act as fairly as possible in their relations to the patent medicine craze and to the doctor and his patient. But counter-prescribing, and the other evils complained of, prevail much more than they ought to do, and any measure that will legitimately lessen these evils should be instituted and encouraged.

An editorial, entitled "Prescribing Druggists," appeared in the *Weekly Medical Review* (St. Louis, Sept. 18, 1886), which was so replete with good, hard sense that it is here reproduced:

"Should each physician adopt the practice of dispensing his own medicines, what a protest would be made by the druggist. It is just as unfair and unjust that the druggist should steal the legitimate business of the physician. Yes, it is even worse, for while many physicians are competent to compound their own prescriptions, few druggists are able to prescribe.

"It has become one of the most common things in the city to have a patient say, 'I went to Dr. (?) Smith' (the corner druggist), and he said he could cure me, but his pills don't seem to have the right effect.'

"The druggists in this city have recently complained that some of our free clinics furnish medicine free to many who are able to pay for a prescription. We do not defend this practice, and yet after all it is one of their own chickens coming home to roost. In many places the village physician is also the village druggist, and necessarily prescribes and fills the prescription as well. It is a very different matter, however, when the druggist who is not a physician, in contradiction of law and honesty, assuming to know that which he does not, will examine a man's tongue, accept his statement, and without much idea of anything but a sale, gravely 'recommend' Dr. Blower's Bolus for Bilious Bowels, on which there is generally a good margin.

"In these days of elegant, convenient preparations, granules, elixirs, etc., it would not be very difficult for physicians to furnish the medicine themselves, as is done so largely abroad. We do not advocate this, for there are many objections to it, but there are also many objections to the mixture of one-half quack, one-half patent medicine vender and the rest apothecary."

Physicians should Supply their Patrons with Home Remedies.—It is manifestly a duty of the regularly educated and permanently

located physician in every community to afford the people facilities for obtaining remedies for home use, and which can be obtained with as little trouble and expense by the public as are now patent secret nostrums.

In ordinary cases of indisposition, money is thought to be saved by the use of remedies obtained without the additional payment of a professional fee. This idea leads many to the use of patent medicines. They believe that thereby they avoid the expense incident to a visit by or of consulting a physician.

I am well aware that to most physicians the project of supplying their patrons thus with home remedies is a new idea. As a matter of fact, the medical profession, thus far, have not only neglected to meet the demand for this class of remedies, but it has held it unprofessional and an offense against its honor and dignity for any of its members to do so.

I am well aware, also, how tenaciously the mind adheres to old ideas; how it suffers, when forced from the old methods of thought and reasoning, it has to appropriate new ideas. "The pain of a new idea" is a real thing, and a very unpleasant one to some persons. In fact, the majority give it the cold shoulder. It is so comfortable to think but little, and that little according to olden or accepted formulas—to the traditions of the past.

Physicians have heretofore neglected one of their plain duties to the public. They assume to be the guardians of the health interests of the community. The people recognize the claim, and they should employ all necessary measures in this direction for the benefit and protection of the public. There is a demand for home remedies, and doctors should not shrink from their duty of meeting this demand.

Had they not thus neglected their duty the patent medicine trade would not have grown to its present magnitude. In just so far as they neglect it now, they invite and encourage the heartless quack to impose his worse than useless trash upon their patrons and allow them to be fooled out of their money—the least of the evils they are exposed to in this case, as the loss of time engendered thereby may result in the loss of life.

The physician's whole duty, therefore, does not consist in making visits, writing prescriptions, or in simply rendering personal services

to the sick. In addition to this he should endeavor to enlighten the public as to preventive measures; as relates to matters of hygiene and sanitation; to replace, so far as his influence extends, the use of nostrums and patent or secret medicines among his patrons, by either furnishing such as his own observation and experience may suggest as needed, or such as he can conscientiously recommend of the non-secret class. It is not only the duty of the physician to do all this, but it is his duty to warn the public and use his influence against the sale or use of quack nostrums.

Doctors Responsible.—There is a fearful weight of responsibility resting upon every medical practitioner. He stands, in a measure, between the living and the dead. He should wield his influence, extend his field of operations, and elevate his mind above all bigotry and sectarianism. He should seek to educate the public that the strictest caution and prudence should be exercised in taking medicine, and *that* prepared or endorsed by other than the regularly educated graduate physician should always be avoided.

As before stated, the demand which of necessity exists for remedies to be used in emergent cases, sudden attacks, and in ordinary cases of disease, has, heretofore, as a rule, been met only by druggists, patent medicine venders and nostrum mongers. The medical profession, thus far, have not only neglected to meet it, but held it as an offense against its honor and dignity for any of its members to do so. Hence, the community, by this want of fidelity of the doctors to its interests in this respect, has been neglected, and how thoroughly the inventors of the thousand and one cure-alls, and pretenders of all sorts, have taken advantage of the "situation" let the history of the patent medicine trade for the past quarter of a century testify.

Therefore, I appeal to the intelligence of every considerate person, should not the competent and trusted physician in every community afford his patrons facilities for obtaining remedies for home use?

Is the Plan Practicable?—It may be alleged that physicians do not have time to spare in this direction. The physician can have (if he has not the facilities within himself) the coöperation of a pharmacist, as a maker of medicines in a form ready for consumers' use, at as low price of profit margin as obtains on all articles open to competition, and in quantities to suit.

He can obtain, as readily as he can his other supplies, a line of staple, popular non-secret medicines, compounded from his own formulæ by a competent pharmacist, without having to expend his own time in making them, and of unexceptionable quality and finish.

He can replace largely, by personal effort and through his druggist and merchant, just so far as his and their influence extends, the sale of patent medicines by the sale of these non-secret ones.

Will not the community encourage the physician who has courage to expose the fallacious claims of secret nostrums and give them in place medicines of known composition and value?

Practically my scheme is to oppose the use of quack cure-alls; to replace them by meeting a demand for household remedies intended to meet popular needs:

First, For some household remedy in cases where sudden emergencies arise. *Second*, In the homes of farmers; in lumber and mining camps and in sparsely settled districts, where the physician is not near at hand. *Third*, among that class who cannot afford the expense of a visit or consultation in ordinary cases, and who will not, therefore, call or consult a physician in sickness of minor importance.

ART. XXI. — Establishing a Practice under Difficulties. — By W. S. BAIN, M. D., CADDO MILLS, TEXAS.

[CONTINUED FROM SEPTEMBER NUMBER, PAGE 386.]

Soon after the death of the obstetric case, I was called to see a little girl, æt. 3 years. I found her suffering with active congestion of the brain. After a careful diagnosis, I informed the parents that I thought the child would die, and requested them to send for their old family physician. I put the patient on tincture gelsemium, aconite, bromide pot., cold applications to the head, hot water to the feet, with the understanding that I would meet Dr. S. the next morning.

Soon after I left, mountebank No. 3 called to see my little patient, looked and smelt of the medicine, then shook his empty gourd, that was substituted in his case for a cranium, and told the family that it was the medicine I was giving that caused the child to roll its head, and unless they sent for mountebank No. 1, I would certainly kill the child; all of which they refused to do or believe.

According to promise, I met Dr. S., whom I found to be a cultivated gentleman and a good physician. After Dr. S. had examined the case (without knowing what my prognosis was), he said it would certainly die. There was no change in the treatment, and on the third day my little patient quietly passed over the river of death. But mountebank No. 3 failed to make the friends of the patient believe that I had killed her.

Soon after this I was called to see a man suffering with an attack of cerebro-spinal meningitis. I found the patient in a wild and excited condition, not knowing his relations or friends. He had pulled off his shirt and pants, and in this condition he had jumped out at the door and ran out in the field. He had to be returned to the house by force. On my arrival I found him sitting on the side of the bed, defying anyone to approach him. I went directly to him, taking him by the shoulders, and by a little coaxing I soon prevailed on him to lie down. On examining him, I found the neck stiff, pupil of the eye dilated, tenderness of the spine, with a rigid condition of the spinal muscles. I put the patient on bromid. pot. and morphia; hot applications to the extremities, and a vesicating plaster to the spine and cold applications to the head. For the first three days there was some little improvement in his symptoms; after the third day he began to fail, and on the seventh day he died.

During his illness mountebank No. 3 had been on hand quite constant. After his death mountebank No. 3 noticed an oozing of a dark watery fluid from a place on the spine. Mountebank called the attention of the family to this oozing, and said he felt it to be his duty as a friend to the family to examine the place. After his examination he said it looked like a bullet hole, but said it was caused from the calomel I had given the patient. He said the medicine had failed to get out of the system, and it had collected in that place and eat its way out. He said that calomel was a very poisonous drug and would eat holes in the body. In a few days after this man's death mountebank No. 1 called to see the family, and he assured them that he could have saved the patient's life, as he had been having a great many just such cases, only worse, and he had never lost a single case, and, from the report he had of the case, that I had killed the patient.

I ask, does it look like any people with any degree of intelligence

could be induced to believe any such unreasonable falsehood? Such unmitigated lying would put the devil to shame. Unreasonable as it may appear to my brother practitioners who have been more fortunate than myself in not having to meet and deal with such unmitigated and hellish scoundrelism, there were those who did believe it—refused to speak to me for the space of two years. Truer line than this were never said:

“A man may smile and smile and be a villain.”

[TO BE CONTINUED.]

ART. XXII.—Treatment for the Passage of Gall Stones. — By R. R. SMITH, M. D., SARCOXIE, MO.

Mrs. F., a lady of good habits, was taken, in September, 1886, with an excruciating pain, extending from right side to the umbilicus, and vomiting. This continued at short intervals, being relieved only by hypodermics of morphia and the hot bath. During this time the vomiting was excessive. The fluid ejected consisted mainly of bile. One is at a loss to know what to use, so contradictory are the authorities and so prolific the number of remedies recommended. I could get no relief from remedies used except morphia, so I thought I would try a prescription I had read in a medical journal (the journal I cannot find, and the name I have forgotten). So I gave my patient the following: Sweet oil, \mathfrak{zvi} .; to be taken at one dose; patient to lie upon the left side half an hour, then to assume any position patient wished. Result of which was complete freedom of pain and passage of gall stones. How many have tried sweet oil and what was the result? Those that have not tried it, try it, and see how well it works.

ABSTRACTS.

Phymosis.—By DE FOREST WILLARD, M. D.

An adherent and contracted prepuce is a normal state at birth in all male infants, or, to speak more correctly, adhesion is always present, with apparent contraction. True contraction is rare during early infancy, and the adhesion at this time is very slight. The latter becomes more firm with advancing years, but is usually relieved

by the boy's own manipulations before he reaches the age of ten. The retention of smegma or a slight balanitis may also convert a seeming contraction into a true one. This retained smegma, as a rule, seems to result in no serious injury, but in a considerable number of cases the irritation produced by the hardened masses not only conduces to priapism, dysuria, symptoms of stone, cystitis, general mal-nutrition and nocturnal incontinence, but also to paresis, chorea, convulsions, and various reflex nervous phenomena.

The long, narrow foreskin of a child at first gives the appearance of contraction, but if the skin be gently and patiently pressed backward for a few moments the opening, almost a pin-hole at first, will be seen. As the prepuce recedes upon the stiffening member the meatus will appear. Often the adhesion will be found to commence just behind this orifice, but no instrument other than the operator's thumbs will be required. The force requisite to peel off the rind of an orange will speedily strip the prepuce from the glans and carry it behind the corona, when the smegma can be removed, and an emollient ointment applied. Restoration of the prepuce to its original position should be accomplished before turgidity of the glans occurs. In case of delay or difficulty, a couple of probes or hairpins answer admirably for sliding the skin back into position.

The use of a probe or grooved director to tear up the adhesion is rarely, though sometimes, necessary. Dilatation by dressing forceps or special phymosis forceps is only occasionally required. Uterine dilators, tracheotomy forceps, and various forms of instruments specially constructed, have been used for this stretching process, but as one increases in dexterity from practice he will find them of but little importance, as stripping by the thumbs is ordinarily easily accomplished. Slight edema and painful micturition will follow this operation for a few days, but emollients are sufficient for relief. A hot hip bath will greatly facilitate the passage of urine. Retraction and cleansing should be persistently employed thereafter, and the nurse instructed that daily attention is to be practiced. Later, the patient should be taught to wash the penis, just as he washes his face and hands, for cleanliness sake.

There are many who deny that reflex phenomena are caused by phymosis, but the proofs are too positive to admit of disbelief, and Sayre deserves much credit for emphasizing the importance of this

adhesion in the production of ataxic conditions. One may well differ from him as regards the remedial measures required, but not as to this casual element in muscular incōordination.

I have before contended, and still maintain, that the most perfect penis, and the one least liable to disease or to induce masturbation, is one in which the prepuce moves freely over a normal glans, and that this can be secured in nearly all young children by the simple stripping already described. In a few cases, when this result is not attainable, circumcision may become necessary; and when failure to produce the desired freedom occurs, I do not hesitate to practice the more severe operation. In large boys and in adults all the circumstances are different, and dilatation is rarely beneficial without removal of the foreskin; but in infants, and in boys from two to eight, one need rarely ask for better results than are secured by the thumbs alone.

Dr. Ellwood Wilson, who for many years has had one of the most extensive practices in this city, recently informed me that he had employed stripping of glans since my recommendation of the operation in 1883, and that he has now acquired such dexterity of manipulation that he could uncover the glans in almost every young child without the use of any instrument. He now rarely resorts to circumcision, although he formerly practiced it largely. His experience coincides with that of all who have tried the plan. Until the surgeon has acquired this skill, it will be well for him to retract the fold as far as possible, and while holding it firmly in this position to sweep a probe around the circumference of the head, thus loosening the anterior adhesions. Retraction, which before seemed impossible, will now be a simple matter, since it is the adhesions that produce the apparent contractions. The operation may be done as early as the second day of life.

The retention of the head of the organ beneath the foreskin is said to debar the individual from the full enjoyment of sexual intercourse in later years, but as there does not seem to exist any crying need for incentives in this direction, and as the obtunding influence of friction upon the exposed epithelium is similar in its action, and especially as there is no need of any glans being covered, provided early stripping is practiced, I still believe that a non-adherent prepuce is the healthiest condition. Moreover, a glans covered by a

freely-sliding foreskin is certainly better capable of appreciating the sexual orgasm than one that is calloused. Cold water used daily is also more helpful than circumcision in the prevention of disease.

It has already been stated that circumcision is occasionally necessary in children and frequently in adults. The rule should be to expose the glans freely for cleansing purposes whenever the slightest irritation arises. This condition should be secured by a cutting operation, provided the simpler method fails. In skillful hands this will be at rare intervals, but when required in infants with excessively long and narrow foreskins, the removal of a ring is better than slitting up the fold, since thickened masses on either side of the frenum are liable to follow the latter operation and greatly disfigure the organ.

A large number of forceps have been devised for this particular operation, many of them ingenious and useful, but entirely unnecessary, since a bistoury and forceps are equally good and are always at hand. The section can always be made anterior to the forceps. Care should be taken in the ordinary circumcision to draw upon the mucous layer more strongly than on the skin, and thus remove a sufficient portion of the former, since if this is not done slitting and trimming are necessary to remove the contraction, followed by careful stitching. Wire is no better than silk, and is much more annoying and painful during the next few days. On account of the great edema of the loose connective tissue which is sure to follow, black sutures are more easily distinguished than white ones. In order to secure the most speedy union the wound should be washed with a 1 to 5,000 bichloride solution, and covered with a large wad of feebly sublimated cotton, which can be renewed at each urination. The best bandage is an ordinary diaper. The vessels will rarely require either a silk or catgut ligature. Hemorrhage is rare. A fatal case is occasionally, however, reported. The stitches should be removed by the fourth day, and undue inflammation subdued by cooling lotions.

In summing up, it can be said that stripping, in young infants, is one of the simplest and easiest of operations. In children it is still easily accomplished, in a majority of cases, by the help of a grooved director or probe. After twelve, if the glans has not been uncovered, circumcision will usually be necessary; as dilatation is rarely

successful in giving that freedom of motion which is essential in all cases.

Exposure of the glans is always necessary for cleanliness sake, and should be secured without fail whenever any nervous or reflex symptoms are present.—*Archives of Pediatrics*.

A New Remedy for Diphtheria—Bicarbonate of Potassium. — By MALCOLM MORSE, M. D., AMISSVILLE, VA.

Six hundred operations in diphtheria for tracheotomy and laryngotomy witnessed by Dr. Jacobi, of New York, and two hundred and sixty-one performed by him, render his recent monograph on this disease peculiarly interesting to the profession. A short summary of his treatment, which I will give at the end of his treatise, will probably be acceptable.

My plan is to alkalize the blood with bicarbonate of potassium, as rapidly as I can without disordering the stomach or interfering with digestion.

I try to keep the 2,381,248 sudoriferous glands (Krauss) at work to the fullest extent, taking care not to exhaust the patient by excessive diaphoresis, and to open the 7,000,000 pores (Wilson) by hot baths, sponging the body with a strong solution of bicarbonate of soda and hot water, in order to have these little safety-valves in good condition, to throw out as much of the *materies morbi* as possible. The soda removes the dead skin, oil globules, and general *debris* of the body, from the mouths of the perspiratory tubes.

One of the ablest English writers says that the greatest and most valuable improvement in medicine in recent years is the attention paid by intelligent physicians to the condition of the skin. The experiments on himself by Sanctorius, kept up for twenty years, show that five-eighths of all the food and liquid which he consumed was thrown off by the skin and lungs, and only three-eighths by the bowels and kidneys. Working men in the gas-works, exposed to great heat, have frequently been known, according to Dr. Austin Flint, to lose from two to four pounds an hour.

Nature's method of cure, in a multitude of diseases, is to throw out the noxious particles contaminating the blood, and the morbid and poisonous germs, through the pores. Are we not all familiar with the effect of continued hot bathing in forcing mercurial and

syphilitic poisons to the surface? These eruptions are unmistakably visible. Can we not, by reasoning from analogy, fairly conclude that, though invisible to our eyes, the diphtheritic virus is eliminated in a great measure by the perspiration produced by hot baths and sponging, and that it is of the utmost importance that the mouths of these millions of safety tubes and valves should be kept clear and open? It is well to remember that one of our best authorities states that an appreciable quantity of oxygen is absorbed by the skin (from $\frac{1}{40}$ to $\frac{1}{30}$)—cutaneous respiration.

The temperature of the room should be from 63° to 76° —care being taken not to let the room get too cold about daybreak, at which time the nurses are apt to become sleepy and negligent. Nearly all our recent medical writers recommend that the room should be well steamed. This important auxiliary treatment is rarely done properly in the country, unless the physician attends to having it done himself.

I alkalize the blood by giving as large doses of bicarbonate of potassium, for twenty-four to thirty-six hours, as the stomach can easily tolerate, and then I gradually diminish the dose. For an adult, I give from ten to twenty grains every two hours, day and night, and children in proportion to their age. Many cases have been treated by me, without a single fatal termination, by giving large doses of bicarbonate of soda. In some severe cases I have alternated the bicarbonates every hour.

My reason for using the bicarbonate of potassium was that it was less liable to produce gastric irritation than the carbonate of potassium, which I had seen highly recommended by some eminent German medical authority years ago, and because it is a diaphoretic.

The alkaline treatment was adopted, because blood-letting and mercurialization had equally failed to afford any favorable change in the character or duration of the disease. Jacobi, Roberts, Austin Flint, and other distinguished medical men, agree on this point. Bartholow says blood-letting, mercurialization, emetics, nauseants, etc., are rationally contra-indicated.

In the year 1862, in Rupert, Vermont, according to Jacobi, the death rate was ninety out of every hundred cases when treated by bleeding and calomel, and only ten deaths in a hundred when stimulants, iron, and chlorate of potassium were prescribed. This is

rather a marked difference in results, and one worthy of the reflection of every true physician.

The list of so-called remedies for this disease is long—most of them being inert in effecting any change in the blood, and a large class of them, when given, have not time to produce the specific action claimed for them, in a malady that is often fatal in twenty-four hours; while others, highly recommended, interfere with digestion—the very thing we wish to avoid.

Stimulants and liberal and proper nourishment are indicated almost from the beginning. Jacobi says: "The fear of bold administration of stimulants will vanish in this disease, as the fear of opium in peritonitis, quinine in pneumonia, iodide of potassium in meningitis." If the stomach is kept in good working order, and the stimulants and food judiciously administered, the chances are, unless the system is prostrated from the very beginning, that good, healthy blood will be made, which will take the place, at least in part, of the contaminated diphtheritic blood, and that the nerves will be strengthened and braced up by it.

It is now the generally received medical opinion that the throat must not be irritated with strong gargles or caustic applications. My custom has been to use topically mild solutions of chlorate of potassa, with the addition of a little of the tincture of the chloride of iron, or a simple solution of bicarbonate of soda, or carbolic acid in a very diluted state. "*Nemo me impune lacessit*"—No one injures me with impunity—should be the motto for a diphtheritic throat.

Dr. Flint recommends, for local treatment, carbolic acid, salicylic acid, permanganate of potassa, chloral hydrate, sulphate of soda, sulphate of iron and chlorate of potassa. Dr. Jacobi gives chlorate of potassa and carbolic acid. Of the last-named medicine, he says: "For gargles, throat washes, and nasal injections, when required, I resort to solutions of from one-half to two per cent." He advises no water to be given immediately after these medicines are applied. Dr. Flint says: "The application of a liquid may be made by means of a probang, a camel's-hair brush, or spray producer; the last is the preferable plan with children." The chlorate of potassa may be taken dry into the mouth, combined with pulverized sugar. Salicylic acid is conveniently applied in the form of a dry powder, combined with dry bismuth.

Iced champagne is one of the best stimulants for children. Sometimes, when they will refuse it in liquid form they will take it frozen. When it is opened, the champagne should be poured into a beer-bottle with tight india-rubber cork, and put into a bucket of ice-water, or kept on the ice, in order that the carbonic acid may not escape.

Sometimes we have trouble in getting young patients to take the brandy regularly; in these cases, by mixing it with milk, or giving it in the shape of egg-nog or apple-toddy, or mixed with mint and sugar, or some aromatic bitters and sugar, we can get over this difficulty.

In severe cases, it is wonderful what a quantity of stimulants a child can take. They should be given very frequently at night. You can hardly give too much. The danger is not in over stimulating, but in under stimulating.

Strong nourishment is now given at the very beginning of the attack. On account of the swelling and tenderness of the throat, I very often have the beef-tea and milk frozen, and allow them to melt in the mouth. Young patients who refuse to take beef extract in the liquid form will take it in this way. Ice-cream is a valuable nourishment, and should be given often. I always try to render the medicine and food as agreeable as possible to the children, for sometimes unless this is done they will refuse to take anything.

It has been my practice, as soon as I am called in to attend the first case of diphtheria in a family, to recommend all the children in the house to be given a good dose of bicarbonate of potassa or bicarbonate of soda three or four times a day. I do not pretend to claim that it prevents them from having the disease; but, from close observation for sixteen years, I think it generally gets the blood in a condition which renders an attack of the malady less severe. Also, I endeavor to have the children either removed at once from the house, or kept out in the open air as much as possible, and as far off, when in the house, as they can get from the patient's room.

To dissolve the diphtheritic membrane, Jacobi says "only four medicines have held their ground—lime-water, glycerine, lactic acid and steam." The lime-water and glycerine he mixes in equal parts.

He employs carbolic acid, not only locally, but internally, in

doses repeated every hour, and sometimes every half or even quarter of an hour, dissolved in water, with or without the addition of alcohol. He uses cold water and ice-bags to the swelling of the lymphatic glands. In nasal diphtheria, which he considers a very dangerous complication unless promptly attended to, he injects every hour a solution of carbolic acid, keeping the patient's mouth open during the operation, on account of danger of irritation to the Eustachian tubes. Sulphur he disapproves of as an application by insufflation to the throat.

His directions for disinfecting the room to prevent the disease from spreading are so important and exhaustive that I will give them in his own words :

"Fumigating with roll sulphur is the only practical method for disinfecting a house. The rooms must be vacated. Heavy clothing, blankets, bedding, and other articles which cannot be treated with zinc solution, should be opened and exposed during fumigation, as directed below. Close the rooms as tightly as possible. Place the sulphur in iron pans, supported by bricks placed in wash-tubs containing a little water ; set it on fire with hot coals or a spoonful of alcohol, and allow the room to remain closed for twenty-four hours. For a room ten feet square, at least two pounds of sulphur should be used ; larger rooms in proportion.

"Sulphate of zinc and common salt, dissolved together in proportion of four ounces of zinc and two of salt to the gallon of water, are used for clothing, bedding and corpses. The corpse should be kept moist, as the germs of the disease are more apt to spread when the skin is allowed to dry. For sewers and washing, use one and a half pounds of sulphate of iron dissolved in a gallon of water."

Guersant says that there are two indications for performing tracheotomy : First, when the difficult respiration and asphyxia are permanent and without intermission ; secondly, when the disease is not general, but local.

In introducing bicarbonate of potassium to the profession as a new remedy in diphtheria, I do it, not as an empiric treatment, or on theoretical grounds on account of its being an active alkaline and diaphoretic, but I can recommend it honestly ; and I can say for it that for the last sixteen years, through several severe epidemics, I have used it in one hundred and twenty-five cases of diphtheria, without losing a single life ; while, at the same time, under the usual treatment by other physicians around me the type of the

ferocious disease has often been so fatal that I have known two, three and even as many as seven patients to die with it in one family in my neighborhood. But I will not be responsible for the success of this alkaline treatment unless the auxiliary treatment described in this article—a great portion of it approved by the kings of our profession—accompanies the use of the bicarbonate of potassium.—*Virginia Med. Monthly.*

Proposed Statute Regulating Dissection, TO BE SUBSTITUTED FOR THE EXISTING STATUTE IN THE REVISED STATUTES OF MISSOURI OF 1879, SECT. 6309 *et seq.*

The following resolution was passed at the last session, May 3rd, 1886, of the Missouri State Medical Association:

WHEREAS, The existing statute known as the anatomy act has proven to be altogether inadequate in its intended operation, rather hindering the practical study of anatomy than favoring it;

AND WHEREAS, It will require a great effort on the part of the profession of the State to secure the passage of a more equitable statute; be it

Resolved, That this body, representing the medical interests of this State, hereby pledge itself to use every means, during the remainder of the present year, to influence the members of the State Legislature to the end that at its next sitting, January, 1887, a more satisfactory statute be enacted, that shall be, at least, not less liberal than such as already exists in other States of the Union.

Also, that this body, in view of the importance of the matter, urge action in the same direction upon all local societies and upon all individual members of the profession who may be able, independently, to give effective service.

To the Medical Profession of the State of Missouri, on the part of the Missouri Anatomical Association (formed by representatives from each chartered medical college in Missouri):—The present Anatomy Act of the Missouri Statutes, 1879, contains the following provisions, which, in practice, experience proves are almost an equivalent to a prohibition of dissection: *First*, the Act makes it OPTIONAL with superintendents of hospitals, etc., whether they shall allow bodies in their charge to be used for dissection. *Second*, the Act prohibits the use of the body of any person, even if unclaimed for burial by relatives or others, if such person has expressed before death a wish for burial. Political reasons, religious scruples and other

motives have been found to influence officers to defeat the spirit of the Act. City undertakers may trump up fictitious claims upon bodies; and, to make a farce of the whole Act, it is said that a superlatively considerate attendant actually asked a dying pauper if he wished to be "cut up" by medical students after death. In fact, as the law now stands, this "legalization" of dissection puts the profession in a worse position than when, in absence of permissory law, resurrectionists were tacitly allowed.

The proposed statute is essentially similar to those of Pennsylvania and Illinois, which are said to work satisfactorily. An abundance of dissecting material will be supplied, so that not only schools, but preceptors throughout the State, may be amply provided, as their necessities require. There will be then no excuse for the desecration of graveyards, with the consequent distress and alarm of the community.

AN ACT for the Promotion of Medical Science, by the Distribution and use of Unclaimed Human Bodies for Scientific Purposes, through a Board Created for that Purpose, and to Prevent Unauthorized Uses and Traffic in Human Bodies.—SECTION 1. Be it enacted by the General Assembly of the State of Missouri, as follows: That the professors and demonstrators of anatomy of the medical colleges and schools of the State of Missouri which are now or may become hereafter incorporated shall be and hereby are constituted a board for the distribution and delivery of dead human bodies hereinafter described, to and among such persons as under the provisions of this Act are entitled thereto.

The said board shall have full power to establish rules and regulations for its government, and to appoint and remove proper officers, and shall keep full and complete minutes of its transactions. Records shall also be kept under its direction of all bodies received and distributed by said board, and of the persons to whom the same may be distributed, which minutes and records shall be open at all times to the inspection of each member of said board, and of any circuit attorney of any county within the State of Missouri.

SECTION 2. Superintendents or wardens of penitentiaries, houses of correction and bridewells, of hospitals, insane asylums and poor-houses, and coroners, sheriffs, jailors, city and county undertakers, and all other State, county, town and city officers, in whose custody

the body of any deceased person required to be buried at public expense shall be, are hereby required immediately to notify said board of distribution, or such person or persons as may be designated from time to time by said board, or by its duly authorized officer or agent, whenever any such body or bodies come to his or their possession, charge or control, and shall, after giving proper notice to relatives or guardians of the deceased, without fee or reward, deliver such body or bodies to said board and its agents, or the physicians and surgeons from time to time designated by it, who may comply with the provisions of this Act, to take and remove all such bodies to be used within this State for the advancement of medical science; but no such notice to said board need be given, nor shall any such body be delivered, if any person claiming to be and satisfying the proper authorities that he or she is of kindred or is related by marriage to the deceased, shall ask to have the body for burial, but it shall be surrendered for interment.

SECTION 3. The said board, or its duly authorized agent, may receive and take such bodies so delivered as aforesaid, and shall, upon receiving them, distribute and deliver them in the following manner:

To incorporated medical colleges and schools in proportion to the number of students, which number shall be set forth in a sworn statement submitted to the board at such times as it may direct, by the dean, secretary or registrar of the college or school, and to any physician or surgeon entitled under the laws of the State to practice. Instead of receiving and delivering the bodies itself, or through its agents, the board of distribution may, from time to time, either directly or by its authorized officer or agent, designate physicians and surgeons who shall receive them, and the number each shall receive. In the distribution preference always shall be given to the medical schools and colleges and to the physicians and surgeons of the county where the death of the person described took place.

SECTION 4. Before any medical college or school, or any physician or surgeon, shall be entitled to receive any bodies under this Act, they shall furnish to the county, or, in the city of St. Louis, to the city, a bond in the penal sum of one thousand dollars, conditioned that all such bodies shall be used only for the promotion of

medical science within this State, which bond shall remain on file in the office of the Clerk of the County Court, in the city of St. Louis, in the office of the City Register; and whoever shall sell or buy any such body or bodies, or shall traffic in the same or in any manner aid and assist in any traffic in the same, shall be deemed guilty of a misdemeanor, and on conviction shall be fined in a sum of not less than one hundred dollars and be imprisoned for a term not less than thirty days nor more than one year, the fine accruing from such conviction to be paid into the school fund of the county where the offence shall have been committed.

SECTION 5. Neither the State nor any county or municipality, nor any officer or servant thereof, shall be at any expense by reason of the delivery or distribution of any such body, but all the expenses thereof, and of said board of distribution, shall be paid by those receiving the bodies, in such manner as may be specified by said board of distribution or otherwise agreed upon.

SECTION 6. Any person or officer having duties enjoined upon him by the provisions of this Act, who shall neglect, refuse or omit to perform the same as hereby required, shall be guilty of a misdemeanor, and on conviction thereof shall pay a penalty of not less than fifty dollars nor more than one hundred dollars for the first offense, and for the second offense a penalty of not less than one hundred dollars nor more than five hundred dollars, and for a third offense, or any offense thereafter, the penalty of not less than five hundred dollars or to be imprisoned in the county jail not less than six nor more than twelve months, or both, at the discretion of the Court, such penalties to be sued for by the Health Department, as the case may be.

SECTION 7. That all Acts or parts of Acts inconsistent with this Act be and the same are hereby repealed.

The following are the chartered medical colleges in the State, according to the list furnished by the State Board of Health, and, through their teachers of anatomy, constitute the Missouri Anatomical Association:

Columbia.—Medical Department of the University of the State of Missouri.

St. Joseph.—St. Joseph Medical College; Northwestern Medical College.

Kansas City.—Kansas City Medical College ; University of Kansas City Medical Department ; Kansas City Hospital College of Medicine.

St. Louis.—The American Medical College, of St. Louis ; Homœopathic Medical College of Missouri ; Beaumont Hospital Medical College ; St. Louis Post-Graduate School of Medicine ; St. Louis College of Physicians and Surgeons ; St. Louis Medical College ; Missouri Medical College.

Hydrophobia.

During the past few months the popular craze on this subject, among both the laity and the profession, has somewhat died out, and is being debated more thoughtfully and in a more rational manner.

Unfortunately for Pasteur, the failures with his methods of inoculation occurred about the same time this change in popular sentiment was making itself felt, and contributed greatly to the result.

The daily press, taking up the cry "mad dog" at the earliest opportunity, added to the terror already existing in a particular locality, due to the fact that an animal supposed to be affected with the rabies had bitten a number of children, by the sensational reports they allowed to appear in their columns accompanied by glowing descriptions of the remarkable cures obtained in the French Institute. They also furnished the means of sending these patients to Paris for treatment, although the killing of the dog had prevented any definite results being obtained as to his actual condition.

It was unfortunate for the promoters of this scheme that all the victims of this circumstance were not included among those under observation ; but, while sensational reports were published from time to time of the methods and results of the treatment in the cases that did go abroad, little or nothing was said of those who stayed at home. This may have been due to the fact that it was not thought that anyone not undergoing treatment was of any interest to the community ; but it is these stay-at-homes that furnish the strongest argument to those who are still skeptical of the practical utility of the inoculation for hydrophobia.

When it is taken into consideration that of all the people bitten by rabid animals only one-fifth, at the most liberal computation, ever

contract any disease, it is not to be wondered at if the question is asked why the papers have not kept us informed of the condition of those who did not go out of the country. Can it be possible that the fifth liable to the hydrophobia were included in the contingent who were subjected to the preventative inoculation, while those who remained without medical treatment looking to this result comprised the other four-fifths? If so, we are compelled to ask that the profession at large be informed of the methods used in making the selection, so that it may be applied to those unfortunate enough to suffer the accident in the future.

The discussion before the Clinical Society, which appeared in Vol. I., No. 3 of the *Quarterly Bulletin*, is of especial interest now that M. Pasteur has had a number of deaths from hydrophobia, and also in view of the latter facts in regard to the disease that have been published since that was issued. In the opinion of the different speakers on this occasion, Pasteur's premises were not well taken, and the suggestion was thrown out that, while he was inoculating with the spinal marrow, he might be inoculating the results of the disease, but he was not inoculating the poison. It is well known that many very slight injuries will, at certain times, give rise to septic poisoning, and why might not the small abscesses, meningeal inflammations, and other phenomena found throughout the cerebro-spinal system be caused by some such condition? Then M. Pasteur would be carefully inoculating pyæmia and septicæmia.

If the poison is present in the saliva, would it not be more scientific to select the matter for inoculation from that fluid?

The recent case of hydrophobia reported in the *New Yorker Medizinische Presse* for May, 1886, is also of interest at this time. The post-mortem examination showed the usual pathological conditions found in the patients who are said to have died of hydrophobia, and yet Dr. Spitzka, apparently with good reason, asserts that this was not a case of true hydrophobia, but of the false. We know that the false disease is almost if not quite as fatal as the true variety, and Dr. Spitzka has shown but lately that the same pathological conditions may be produced in animals from different causes than hydrophobia, and that fright may be capable of producing just such results. He found that animals treated with different harmless fluids could be made to go through exactly the same antics as are usually

attributed to the hydrophobic poison. In view of these facts and the results coming from M. Pasteur, it surely behooves the profession to move carefully before endorsing his system—not that we would deprecate his labors in the least, but only urge that more careful notes be taken and more care in dealing with the different points at issue. The system should be thoroughly established by experimentation before being generally adopted, and everything should be done to put it on a firmer scientific basis, which we regret to say is not the fact at the present time.—*Quar. Bull.*

Sleeping in the Night Air. — BY J. B. JOHNSON, M. D., WASHINGTON, D. C.

Man has his bed and the beast has its lair, and it is an instinctive law of the nature of the beast, when it goes to sleep and the atmosphere is of a temperature much below that of its body, to secrete and seclude itself as much as its surroundings permit from the benumbing influence of such cold air; and if to sleep in the night air were not injurious to the animal economy, the beast would not be instinctively led to avoid it; for when beasts sleep in the cold night air they always place their nostrils near their sides, in order to breathe the air tempered by the warmth of their bodies; and even birds, whose lives are spent in the air, usually sleep with their bills beneath their wings or hidden among the feathers of their breast. From these observations of the mode of sleeping of the inferior animals we learn the relation of sleep to night air, and ascertain the great efforts which such animals make to protect their bodies and lungs against its injurious influence; but it has been reserved by superior and intelligent man to rise above the teachings of instinct and arrogate to himself a knowledge far surpassing the sure and steady prescience of nature; like the conceited German prince, who, it is said, strutted abroad one morn and exclaimed that if he had been present on the morning of creation he could have made things better.

An individual is never known to suffer from sickness or disease caused by sleeping in a clean room from which the night air is excluded; but certainly many have been known, beyond peradventure, to contract sickness, from which they have even died, from sleeping in rooms to which the night air was freely admitted. The thorough ventilation of a bedroom in the morning, while it is being put in

order, is very proper; but sleeping in it during the night with the air from without pouring into it is both improper and undoubtedly perilous to health. It is not only the lowered temperature of the night air that is so seriously objectionable, but it is the breathing while asleep of the gaseous poisonous properties which the night air always contains in a more condensed and active form; and it is for this reason that night air is instinctively and proverbially considered prejudicial to health.

Danger of Night Air.—Most beasts line their lairs with dead grass, moss, or other substances, not to make them soft, but to make them warm. This instinctive act is directed by nature, in obedience to the physiological fact that when the body is at rest and asleep the organs do not perform their functions with the same activity that they do when the body is in motion. Hence the bodily temperature always sinks slightly during sleep; and if, while asleep, cold air is allowed to come in contact with the body and the lungs, the result is that heat is carried off more rapidly from the sleeping person than is commensurate with health, and has the effect of diminishing the resistance of the system to those morbid influences so characteristic of night air.—*Med. and Surg. Reporter.*

The Treatment of Gonorrhœa. — BY SENECA D. POWELL, M. D.,
NEW YORK.

In the introductory stage, I begin the treatment by giving a free purgative, preferring those drugs which act upon the lower bowel, rather than a saline cathartic; for example, an emulsion of castor oil, combined with a drachm of spirits of turpentine. I also order two or three drachms of the bicarbonate of soda, in Vichy, to be taken in twenty-four hours. Even at this early stage I have found great benefit result from frequently bathing the penis in very hot water. As an injection, a weak solution of salicylate of soda, two to five grains to the ounce, is used; but more frequently injections of hot water without any medication is preferable.

Injectons should be hot.

Latterly, I have aborted gonorrhœal attacks in the first stage in the following manner: After washing the urethra thoroughly with Harrison's urethral syringe, I introduce a rubber canula down below the seat of inflammation, and, as I gradually withdraw it, fill the ure-

thra with a dry powder made up of ʒj. of resorcin and ʒj. of boracic acid, which is allowed to dissolve in situ. I repeat this each day if there be any discharge, but so far never have used it oftener than three times. If the urethra is comparatively dry the day after its application, a weak solution of sulphate of zinc, one grain to an ounce of hot water, is frequently used as an injection.

The patient is ordered to remain quiet and, if possible, in bed, while the diet is cut down to milk and mush.

An injection ought always to follow urination, if possible. Large quantities of Vichy, or other water, should be taken. The second or inflammatory stage follows quickly upon the first, if we have been unsuccessful in aborting the disease. In this stage we should be extremely careful not to attempt too much. If a patient comes to me with his penis swollen and engorged with inflammatory products, the lymphatics inflamed, and the glands in the groins painful and swollen, I make no effort at medication by the syringe, but treat the inflammation, locally and constitutionally, as I would were it in any other part of the body.

I begin my treatment by giving the tincture of aconite, in two or three drop doses, combined with liq. ammon. acetatis, one to four drachms every two, three or four hours, as indicated. The penis is frequently immersed in hot water, or wrapped in borated cotton and kept wet with lead and opium wash. The amount of bicarbonate of soda and alkaline waters is increased, and the bowels relaxed with mercurial purgative. Be as severe in your restrictions as possible, confining the patient to his bed, if need be, and adhere firmly to your low diet. All exercise should be forbidden, wherever possible. If it be absolutely necessary that your patient attend his usual duties, a well-adjusted support for the testicles should be ordered. Any further interference in this stage of the disease is, in my opinion, injurious; and especially would I avoid copaiba. When complications arise, one must be governed by circumstances. Usually the inflammation is modified in three to five days, the discharge decreases and becomes thicker in consistency, the color being whiter, the scalding upon urinating is gone, and the disease enters into the third stage or stage of subsidence.

A physician's assistance is oftener sought at this stage than in the first or second, as its period of curation is very much longer, and

may extend over many months and even years. Not until after all inflammation has subsided should we use injections otherwise than as I have cited. My first recipe, upon seeing a patient in this stage of the disease, is a good cathartic; and I usually select something mild and which can be repeated every day if necessary, such as rhei and soda, or compound licorice, pulverized. I also direct the following injection to be used every two or three hours, if convenient: Zinc. sulph., gr. viii; morph. sulph., gr. iss.; sodii bicarb., ʒss. to ʒj.; water, f ʒ.

I restrict his diet to the plainest foods. No seasoning or condiments are allowed. Coffee and tea only in moderate amount and very weak. All kinds of liquors stopped, unless my patient is an habitual drinker and is very much dependent upon his daily dram for his usual appetite and digestion. Very moderate exercise is allowable; but the use of tobacco is entirely, or nearly so, prohibited. I see my patient within the twenty-four hours, and if there be no increase in the discharge or change in its character, and there are no evidences of increased inflammation, I begin the use of copaiba; and this I consider the only period where it is admissible. If the second stage has lasted any length of time, I much prefer cubebs, given in powder, in ʒss. to ʒj. doses, three to four times a day. I never use nitrate of silver in any form for an injection. Injections should not be strong enough to cause any pain, and are given, not only for their astringent effects, but to keep the urethra clean.

I do not mean to imply that this method of treatment is infallible, but I do say that it has given me more satisfaction and more rapid recoveries than any other.—*Quart. Journ. of the Clin. Soc. of the N. Y. P. G. School.*

Eye Headaches.—By MARTIN F. COOMES, A. M., M. D.

The most intense headache associated with diseases of the eye is that connected with glaucoma, which may well be termed the fulminating cephalalgia. Its peculiarity is its persistence, with little or no modification in intensity, unless mitigated by the internal use of powerful anodynes, or by the local application of eserine or cocaine. With it you will usually have the stony hard globe, the limited visual field, and the cupped disc.

With all forms of acute iritis, headache is a frequent concomitant. This headache, however, is of the neuralgic variety, and in many instances the patient is unable to decide whether it is a headache or a browache. Doubtless the headache in many cases of iritis is entirely due to irritation of the third and fifth nerves. The intense pain in the eye, the contracted pupil, the defected vision, the cloudy aqueous, and the history of the case will usually be sufficient to indicate the cause of the malady. In most-cases of irido-cyclitis, headache is one of the attendant symptoms. Its severity is uncertain, but as a rule the cephalic pain is not severe, but, like that of glaucoma, its persistence is one of its peculiarities. This form of headache is somewhat neuralgic in character, and generally confined to the side of the cranium corresponding to that of the diseased eye. The pink zone at cornea-scleral juncture, the weeping eye, and the intolerance of light will usually enable the observer to make the diagnosis.

In cases of acute choroiditis from injuries of any kind, headache may be a concomitant; if the injury is severe and the inflammation violent, much cephalic pain will be present.

In cases of panophthalmitis, or more explicitly speaking, in cases of general inflammation of all the structures of the globe and those adjacent to it, severe headache is always present. The general symptoms accompanying such an inflammation can not well be mistaken for any thing else. The great pain in the eye, the headache, the nervousness, and insomnia, with intense swelling of the globe and its adjacent tissues, can not fail to place the investigator in a light which will enable him to make his diagnosis without difficulty. In acute retinitis, and in fact in all diseases of the eye where there is great intolerance of light, headaches may be expected. These are to a great extent irritative in their nature, or, probably I had better say, due to reflex causes.

In that peculiar disease, which is occasionally met with in debilitated women, which so much resembles glaucoma as to have all the symptoms of genuine glaucoma, except the cupped disc and extreme tension of the globe, headache is the most prominent feature connected with it. Along with the headache there is generally considerable intolerance of light, and an inability to use the eyes for any kind of close work, the slightest effort being sufficient in some cases to induce severe pain in the eyes and an increase of the already existing

cephalalgia. The photophobia in these cases is sometimes extreme, the patient being unable to bear a single ray of light.

The absence of the cupped disc, the history of the case, the debility of the patient, the tenderness of the globe to the touch, the presence of a moderate amount of tension, and the absence of the "stony hardness" which is generally met with in genuine glaucoma, will, as a rule, point to the cause of the headache.

Whatever increases the intraocular tension will induce headache if the tension persists long enough.

Optical defects of any kind, which exist in a degree sufficient to keep a constant strain on the accommodative apparatus, will, sooner or later, lead to headache. I have seen the most persistent headaches accompany simple uncomplicated hypermetropia, and myopia of almost all degrees. Astigmatism probably induces one of the most persistent headaches that is caused by an optical defect. This is explained by the fact that the astigmatic never sees any thing perfectly without artificial aid, save in a certain meridian.

If I were asked which of the three optical defects above mentioned was the most prolific cause of headache, I would be inclined to say that which is met with most frequently, viz.: hypermetropia. The experience of no one man would be sufficient to determine this very important point, as it would require the tabulation of several thousand cases to do it.

The headaches accompanying or produced by these optical defects are all aggravated by excessive use of the eye; in fact, in many cases the slightest amount of strain on the accommodative apparatus is quite sufficient to induce severe headache. The diagnosis of this form of headache is not difficult; even without the use of trial lens and the suspension of the accommodation a very good guess may be made by carefully analyzing the case, eliminating all of the ordinary causes of headache; then taking into consideration the fact that the patient is still in full power of his accommodation, and that he is engaged in close work, and that all close work aggravates the already existing headaches or induces headache, if it did not previously exist, and that with the cessation of the use of the eyes for close work the headache disappears.

Of course it is understood that the correction of an optical defect which produces a headache is the remedy for such an ailment.

There is headache associated with certain cases of asthenopia where there is no optical defect, the pain being the result of an extremely irritable condition of the retina which has been brought about by excessive use of the eyes. This headache is not constant in all instances, but may be periodical, with intervals varying from twelve to twenty-four hours. It is often associated with general debility, but is most frequently found in subjects who are constantly engaged in close work, such as type-setters, who work after night, and by artificial illumination. Women who are engaged in lace-making and fine embroidering are frequently the subjects of this form of asthenopia. —*The Medical Herald.*

A Case of Imaginary Hydrophobia.

Dr. J. Mount Bleyer, of New York City, reports the following case: Miss P——, aged fifteen years, a well-developed and intelligent girl, was bitten through the nasal septum, on the evening of March 4th, by a pet terrier dog. At one o'clock on the morning of March 7th Dr. Bleyer was called, and found the patient lying in bed, feeling chilly, suffering from malaise, and with embarrassed respiration. The wound was congested, and there were painful sensations in the neighborhood of the bite. Suddenly spasms of the muscles of the neck, pharynx and œsophagus occurred, and other psychical disorders made their appearance. The patient was ordered to take ten grains of chloral hydrate and twenty grains of potassium bromide every hour, and to inhale a fifty-per-cent, solution of the latter through a steam atomizer; general electrization was also practised. By these means the patient was made to sleep for about one hour and a half. The dog was examined, and was found to be in perfect health. In about six hours new symptoms made their appearance. There were pains radiating from the wound, and difficulty in deglutition. Then the muscles of the jaw were seized with a tonic spasm, which afterward extended to the temporal muscles, changing from one side to the other, and the limbs became extended. During these spasms the features assumed an expression of pain, there was a frown upon the face, the gaze was fixed, and the lips were drawn apart, exposing the teeth. The tongue was bitten several times, and later some opisthotonus was observed. Even in the intervals of the spasms the hyperæsthesia was so extreme that the slightest touch, a movement of the bed, or even ordinary tones of the voice,

caused fresh convulsions. This stage continued for twenty hours, without any improvement in the condition of the patient. The amount of bromide and chloral was doubled, and given by enema, as the patient could not swallow. She could not sleep, by reason of the frequency of the paroxysms. The respirations were difficult, and from 14 to 18 per minute during the convulsions, but normal in the intervals. The pulse was frequent, 90 to 120, and often intermittent. The voice was hoarse, the mouth dry, and the tongue coated. The temperature was 100° F., the face and eyes were injected, and the pupils dilated. During the paroxysms the patient acted with insane violence toward everyone about her. In these fits she would use every available weapon to injure those about her, and would even snap the jaws, imitating the action and motions of a dog; but when the spasm was over she expressed regret, and warned those about her to be on their guard when the next paroxysm should come on. She had a feeling of abhorrence for water, and this increased to such a degree that a convulsion was excited by contact, by sight, or even by the sound of water poured from a pitcher into a glass. She became so violent on hearing the dog bark that it became necessary to remove the animal from the house. Inquiry elicited the fact that there was a marked hereditary tendency to nervous affections; that the child had read all the newspaper accounts of hydrophobia, and knew all the symptoms as given in these reports, and had also been much interested in the controversy concerning the efficacy of Pasteur's preventive inoculations. The diagnosis was made of lyssaphobia or hysterical hydrophobia. Many remedies were tried without success, and the only thing that controlled the spasms at all was extract of opium, in grain doses every hour, and this was effective only so long as the patient was kept profoundly under the influence of the drug. Finally, Dr. Bleyer determined to try the effect of psychical impressions. He ordered a pill to be made, and as he entered the patient's room it was handed to him. He gave it to the patient, asking her to take it, and she did so, swallowing it at once. In fifteen minutes he entered the room again, and told the patient that the pill she had taken was a very strong one, and that if she had another convulsive attack it would kill her, but otherwise it would effect a perfect cure. From that moment the patient never had another paroxysm.—*Med. Record.*

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Containing Pulv. Ipecac, $\frac{1}{2}$ gr.
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Ext. Gentian, 1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anticonstipation.

PIL. LADY WEBSTER.

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Lady Webster Dinner Pills. This is an excellent combination, officially designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

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TABLETS OF SOLUBLE IODIDE OF MERCURY.

PHYSICIANS, surgeons, and especially obstetricians, will appreciate the advantages and great convenience of tablets which afford a ready means for the instantaneous preparation of a disinfectant solution of any desired strength.

Each tablet contains one grain of mercuric iodide. The soluble iodide of mercury is stated to be at least twelve times as active a germicide as corrosive sublimate.

One of the tablets, therefore, dissolved in eight ounces of water, will make a solution equal in germicidal powder to a solution of corrosive sublimate 1 to 500.

This solution may be used for disinfecting sponges; for an antiseptic wash or dressing; for intra-uterine injections in septic metritis; or in the form of spray for the treatment of diphtheria. Weaker solutions may of course be made, if desired, and wherever a disinfectant solution is needed in medical and surgical practice, these tablets will be found to admirably meet the indications.

ANTISEPTIC COLOGNE.

COMBINES the properties of an active disinfectant with those of a refreshing and agreeable perfume. The active constituents of this preparation are thymol, oil of eucalyptus and mercuric chloride, combined with a cologne of superior quality. The utility of this preparation is at once apparent. Nearly all the disinfectants in common use, which have any real value, are limited in their uses about the house, and especially in the sick room, by their disagreeable odor.

In the sick room this preparation may be employed in the form of a spray, with an ordinary perfume atomizer to overcome disagreeable odors. Of course this must be merely as a palliative; the air must be kept pure besides by free ventilation.

Surgeons and physicians will find it to meet several important indications when they are attending patients suffering from infectious diseases. It is useful as a disinfectant for the hands in cases of infectious diseases, or to remove the odor of Labarraque's solution, which is often employed for the same purpose. In gynecological and obstetric practice, such a preparation as this is of especial service.

ANTISEPTIC LIQUID.

A SATURATED solution of the chlorides of zinc, aluminium, magnesium, calcium and sodium, containing as much oil of eucalyptus and oil of wintergreen as it is capable of taking up. A powerful anti-septic and anti-zymotic, adapted to a great variety of uses. Being colorless and free from disagreeable odor, it may be employed about the house and in the sick room, where many equally efficient agents would not be admissible. Its value in cellars, drains, outhouses, etc., depends mainly on its antiseptic and deodorizing properties. It has also an ozonizing action dependent upon the oil of eucalyptus it contains; but this is of subordinate importance, as is also the anti-zymotic influence of the methyl salicylate it contains, as a constituent of the oil of wintergreen. In the sick room it is useful as a disinfectant for the hands of attendants, etc. The solution is colorless, and does not stain the most delicate fabric.

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EDITORIAL.

The American Medical College.

We again invite the attention of medical students, and old practitioners who desire to "brighten up," to the superior advantages and accommodations of the American Medical College. The teachers are experienced and have ample facilities for illustrating their subjects. The long college year, September till June, gives students a chance to put in a full session by commencing any time before Jan. 25th, 1887. By commencing early the student gets out sooner, but better late than never. We hope to see quite a filling up of the class before the holidays come on, and no pains will be spared in giving entire satisfaction. Send for Announcements.

MISCELLANEOUS PARAGRAPHS.

Texas Eclectics, Take Notice.

The Texas Eclectic Medical Association will meet in third annual session at Tyler, Texas (Smith Co.), upon the second Tuesday in November, 1886. It is unnecessary to impress upon every Eclectic in the State the advantages that are gained, not only by himself, but to the cause, by meeting and identifying with this Association, not only in valuable associations, but in everyday practice. Quite a number of excellent papers will be forthcoming. Special hotel rates and accommodations, at the leading house, will be obtained.

A. H. COLLINS, M. D., Secretary.

The Druggist Doctor.

If there is any pest to the profession more annoying than any other it is the prescribing druggist. To presume that because a man knows the doses of drugs he is qualified to administer them therapeutically is just as absurd as to suppose that any mortar-mixer can

be an Angelo or a Wren. Not only is this a violation of the rights of courtesy, but it is highly criminal for a man who is utterly ignorant of all pathology, who knows nothing of the laws of health and disease, to attempt to apply therapeutic measures which, even in apparently simple cases, might prove disastrous in their results. It is astonishing that men can be found who will dare to take such risks, but

“Fools rush in where angels fear to tread.”

It is in the department of venereal diseases that the evil effects of this catch-penny prescribing is more lamentably felt.

There is not a surgeon in the land who does not hear the daily complaint: “I went to a druggist who said he could cure me first pop, and here I am ‘all broke up.’”—*Flor. Med. and Sur. Jour.*

Substitution.

Does the profession realize how much injury is done to physicians and their patients by the ‘substitution of spurious, or the so-called “just as good” preparations, in place of goods of standard reputation?

The following letter from Doctor Springer is a case in point.

Respectfully, BATTLE & Co., Chemists Corporation.

VAN BUREN, OHIO, Sept. 10th, 1886.

Messrs. Battle & Co., St. Louis, Mo.

GENTLEMEN:—In the case of “Insomnia,” which I reported to you in May last, and wherein it required seven drachm doses (hourly, 1 drachm) to produce sleep by Bromidia bought at pharmacy in Findlay—it required but one drachm, repeated in one hour, to produce a good night’s rest, of the sample bottle you sent me. I also use the Bromidia (Battle & Co.) with the best results in “cholera infantum,” and in “hysteria.”

Am satisfied that the article bought at Findlay was “spurious.”

GEO. SPRINGER, M. D.

Treatment for Tape Worm.—By W. C. BENNETT, M. D., DANBURY, CONN.

In treatment for tape worm it is the custom, I believe, to give the remedy to the patient fasting. Is it right? To whom is the remedy addressed; to the man or the parasite? The worm has a small

head with a long and comparatively large body, composed of joints nearly independent, which, when mature, separate (are not broken) and are discharged with the ova. The head anchors the worm but does not materially nourish it, which is done by absorption by the joints themselves. Now give the remedy to the patient fasting and it is rapidly absorbed, and the man, not the worm, gets the effect of the vermifuge.

If you give the remedy an hour or two after a full meal, just as the digested food is passing from the stomach, it is not so liable to be injured by digestion, but passes with the digested food along the length of the intestines, and the worm is bathed with it from stem to stern and gets its full effect. This is my experience.—*New Eng. Med. Mon.*

Conception of Male Children at the Time of the Post-Menstrual Anæmia.

Dr. Camillo Fürst, of Graz, publishes in the *Archiv für Gynæcologie*, 1886, xviii. 1, p. 14, a contribution to the interesting and frequently discussed question, When and how is the sex of the conception-product determined? In the first section of the paper, which treats of "the time and causes of the determination of the sex in general," Fürst proposes certain maxims which, though not new, will interest our readers. According to the author, we find a surplus of male conceptions in the working classes and country inhabitants as compared with the well-to-do people and the inhabitants of cities. Likewise, we can look for the surplus of male infants during hard times and the concomitant rise of food prices, and before the ultimate extinction of a race. If a deficient nutrition of the procreators produces a surplus of male children, our author continues to argue, we can be certain that also the state of nutrition of the fecundated ovum, especially shortly after conception, will influence the sexual differentiation. And as after menstruation the vessels of the genital organs assume an ischæmatus character—forming the so-called post-menstrual anæmia—Fürst concludes that conceptions taking place immediately or shortly after menstruation will give a surplus of males on account of a relatively bad nutrition of the fecundated ovum. To strengthen his theory, the author utilizes the statements of women confined in maternities, who mostly with an

astonishing certainty could remember the end of the last menstruation and the day of conception. The statistics of the mentioned institutions show a very considerable surplus of male children for the first four or five days following menstruation, and a surplus of female ones for the succeeding period.

The Cause of Scarlet Fever.

Little attention was paid to the first case of scarlet fever at one of our gayest summer resorts, but when other cases appeared at the same hotel half of its inmates fled in a single day. The proprietors appear to have acted very honorably. They are reported to have done everything the doctors advised, and they frankly informed all comers of the state of affairs. This should be remembered to their credit, for the incident may be a very serious one, not only for them but for the town in question. It is true scarlet fever does not place a locality under a ban like malaria or typhus. It is not necessary to infer from sporadic cases, even though they admit of no obvious explanation, that the drainage is faulty or the water is bad. Perhaps no infection is carried more easily, or for longer distances, than that of scarlatina. It is always possible to say it is "imported," and only too frequently no further inquiry into cause is made. That is not the spirit in which obscure diseases should be studied. It is known that the cause of scarlet fever is as specific as that of yellow fever and rabies. But beyond this the last word of science is still but a conjecture.

When scarlet fever was last noticeably prevalent in New York a distinguished physician of this city reached the conclusion that scarlet fever was one of the diseases which afflict both man and the lower animals. The suggestion was not entirely novel, but the doctor gave point to it by placing in a clear light the possible connection between foul stables and scarlet fever in man. Another physician came forward with the idea that scarlet fever could be prevented much like the smallpox, and the medical press published several cases of inoculation with virus from colts. However, as the disease abated the topic dropped out of the public mind, and, so far as we know, the truth of the theory was never established or disproved. For this very reason a discovery by Englishmen, and which appears to rest on a substantial basis, is equally timely and interesting just now.

In brief, this discovery is that scarlet fever comes to man from the cow. It has heretofore been believed that milk could be the medium of carrying scarlet fever from house to house, but it has been supposed that the milk must first be contaminated from a human source. That is very different from the idea that the disease starts from the cow, like smallpox, or like hydrophobia from the dog, or glanders from the horse. The discovery, however, seems to answer the tests which the modern developments of the germ theory have made so familiar. The disease was identified in the cow by well-known symptoms, it was made to produce itself in other animals, and it was proved that it did produce scarlet fever in man upon a scale impossible in experiment. Here the discovery stops, at least for the present. The germ of the disease most threatening to childhood has been seen, but its antidote has not been found. That it would be prudent to boil milk, if not always at least in all cases of doubt, is a most obvious suggestion. And most certainly a high value should be placed upon the products of dairies which are beyond suspicion, if any such there be.

As more than a professional or merely scientific interest attaches to such studies, it may be worth while to give an idea of the process which led to the conclusion reached by the London physicians and of the evidence upon which it rests. Early this year there was something like an epidemic of scarlet fever in London. It evaded all usual enquiries into its cause until it was remarked that it started among the customers of a certain dairy. The contaminated milk supply being stopped the cases grew fewer. This was a good starting point, but when the inquiry was transferred to the dairy it seemed to be blocked. No case of scarlet fever could be found there upon the strictest search, and the cows seemed in fairly good health. Their temperature was normal and their appetites were good.

However, the sharp-eyed doctors found sores on the milk bags of some *few* animals, and they also observed that along the back and on the tail the hair did not grow firmly. The beasts were promptly killed, and then it was found that their lungs, livers and kidneys were all affected. The loose hair and the local sores, like the red skin in man, were only local signs of a disease tainting the whole system. The next step was to make inoculations from the sores on the udders. Guinea pigs were proof, but *one dog* out of three took

the disease, which was also produced in a calf. In each case the diagnosis was confirmed by a post-mortem. The step from animal to man obviously does not rest on mere similarity of symptoms, although the doctors are satisfied with that proof. The evidence is the very many cases resulting from the use of this dairy's milk. It should be noted that the doctors believe the milk in the udders, even of the diseased cows, was healthful enough. But in the act of milking it became charged with germs which then multiplied themselves with indefinitely great rapidity. The doctors believe this because they watched the process. They saw what they called streptococcus, or chain-like germ, and they cultivated it in pure milk as certainly as men raise plants from seeds. It is a pity to concede this discovery to foreign medical men, but it is a pleasure to write down their names—Power and Klein—and to promise to place beside them those of any Americans who may merit it. Which of our men of science will weaken the deadly germ until it is possible to inoculate with it? It is said that about as many people die of hydrophobia as by lightning, whereas scarlet fever is the most deadly of children's diseases. Fame surely awaits the conqueror of this human enemy.—*Med. Sum.*

Undissolved Capsules.

The *Southern Practitioner* copies the article headed "Undissolved Capsules" from the July number of the *Courier Record*, page 553, and adds:

There are two conditions under which unsatisfactory results in the use of gelatine capsules for the administration of nauseous or bitter drugs invariably occur.

First, the veriest tryo in medicine should know that gelatine is insoluble in alcohol. The addition of a very minute portion of diluted alcohol, such as a little weak toddy, wine, or the administration of any of the tinctures, prevent its solubility in the fluids of the stomach. Let any one try the experiment of placing a capsule in a glass of pure water, and another in the same quantity of water to which one teaspoonful of whisky, or any other form of diluted alcohol, has been added, and subject them both to 90° to 100° of temperature. In 30 minutes or less, the one will be dissolved, while the other will be converted into a tough, leather-like substance, retaining its shape

and toughness for hours, or almost indefinitely. Tannin also precipitates gelatine. We remember on one occasion being called to a case in which tannic acid, in 3 gr. doses, had been administered in gelatine capsules, and this, too, by a practitioner who had some degree of reputation in his locality, with a regular diploma hanging in his office. The patient had just as well have put the capsules in his breeches pocket.

Second, when the stomach or bowels are in a very irritable condition, gelatine capsules should not be administered. It will require at least 30 minutes or more immersion in *compatible* fluids of the temperature of the body to enable the gelatine to be dissolved, and set free its contents in the alimentary canal. The hardness, the similarity to a foreign solid substance of a gelatine capsule, is sufficient to add to the irritation of an already irritable stomach or alimentary canal.

Observing these precautions, we have never had any than the most satisfactory results with the use of the empty capsules manufactured by H. Planten & Sons, of New York, or Messrs. Parke, Davis & Co., of Detroit.—*The Texas Courier Record.*

Swallowing a Cent.

Dr. L. E. Borchheim, of Atlanta, Ga., writes: "Remarking a case of copper-coin swallowing, reported by Dr. J. L. Gardner, in a recent issue of the *Medical Record*, I can answer his question by reporting a similar case occurring in my practice. The three-year old child of V. W.—swallowed a two-cent piece; it lodged in the oesophagus, and in the efforts made to dislodge it the coin was pushed into the stomach. I was consulted, examined the child, and found no objective symptoms whatever. I thereupon advised feeding the child as usual, ordered that absolutely no cathartics should be given, and counselled the parents to wait, assuring them that the coin would do no harm if left alone. My advice not being sufficiently active, the parents dosed the child with castor-oil *ad nauseam*, but no results following, they finally concluded to do as I bade them, and at last, after three months, the coin was passed per anum. I examined its surfaces carefully with a strong hand-lens, but found absolutely no corrosive action to have taken place. The child was perfectly well throughout.—*Med. Record.*

The Value of Boric Acid in Various Conditions of the Mouth.—

A. D. MACGREGOR, M. D.

In simple catarrhal stomatitis, a mouth-wash, containing from 10 to 15 grains to the fluid ounce, speedily cures the condition, and exercises the same beneficial influence in the ulcerative form; though there, in addition to the rinsing of the mouth, a local application, in the form of the powder or pigment, should be made to the individual follicular ulcers. The powder simply consists of finely-powdered boric acid, mixed in various proportions with starch; the pigment is a solution of boric acid in glycerine (1 in 4 or 5). In both cases the addition of chlorate of potassium is advantageous.

Nothing I know of is at once so rapid and so efficient in the treatment of parasitic stomatitis or thrush as this remedy. The youngest children do not object to its application, and occasionally you have to caution against its too frequent use. The *oidium albicans* quickly succumbs to its influence. I am well aware of the great value of nitrate of silver in many of these conditions; but I am also alive to its extremely disagreeable and persistent taste and the dislike which precocious children at once take to it. For thrush in children, I especially recommend boric acid, either as a mouth-pigment or as a confection.

In pharyngitis and relaxed conditions of the throat, a gargle containing boric acid or glycerine, with either tannic acid or alum in addition, ought not to be forgotten.

Let me allude to another condition in which I have found combinations of this substance helpful and grateful to the patient. I refer to the conditions in which we frequently find the mouth, tongue and teeth in severe cases of typhoid fever. The mouth is hot; the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva; the tongue dry or even glazed and hard, brown or black, crusted with a fetid fur. Under such circumstances, a pigment containing boric acid (30 grains), chlorate of potassium (20 grains), lemon-juice (five fluid drachms), and glycerine (3 fluid drachms), yields very comfortable results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria; the chlorate of potassium cools and soothes the mucous membrane; the glyce-

rine and lemon-juice moisten the parts and aid the salivary secretion. I consider this application well worth a trial. In this connection, nothing can displace boric acid. For years I have used the following powder, and can recommend it: Boric acid, finely powdered, 40 grs.; chlorate of potassium, 3ss.; powdered guaiacum, 20 grs.; prepared chalk, 3j.; powdered carbonate of magnesia, to 3j.; otto of roses, half a drop. The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its anti-septic functions; the chlorate and guaiacum contribute their quota to the benefit of the gums and mucus membrane generally; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.—*British Med. Jour.*

Excretion of Drugs by the Mammary Glands.

A good many observations have been made upon the subject of the medicines excreted by the mammary glands. It has been claimed that mercury, iodine, bromine, arsenic, strychnine, chloroform, sulphur and chloral may be thrown off by this gland when taken into the stomach of the nursing woman. It cannot be said, however, that our knowledge of the subject is as complete and definite as it should be, and hence the recent experiments of Fehling are of interest. Fehling observed the effects on nurslings of various drugs given to the nursing mothers. According to the Paris correspondent of the *British Medical Journal*, when doses varying from two to three grammes of salicylate of soda were administered to the nurse, every time that a child was suckled within an hour after the administration of the dose the salicylate appeared in its urine. After an interval of twenty-four hours there remained no trace of the drug. When the child was suckled too soon after the medicine had been taken, the salicylate could not be found in its urine. Elimination was completed at the same time in the mother and the child. With iodide of potassium the results were the same. The milk, when analyzed, gave the characteristic reaction. In the infant, elimination lasted seventy-two hours; in the mother, forty-four. After twenty-four hours the milk still contained iodide of potassium. With ferrocyanide of potassium reaction was very pronounced in the maternal urine, but absent in the child's. Prolonged

applications of iodoform upon vaginal and vulvar wounds of women in parturition, after prolonged use, generally resulted in iodine being found in the milk and urine of the mother, but always in the urine of the infant. The child was never indisposed, even when iodoform was used to dry up the umbilical cord. There was only a small quantity of mercury transmitted through the milk of a nursing mother, and its presence was not constant. It appeared that the food of wet nurses—even acid fruit-juices and vinegar—had no influence on their nurslings. Thornhill had stated that he observed prolonged sleep occur to children after administering to their wet nurse such narcotics as tincture of opium in doses of from twenty to twenty-five drops. Fehling observed neither prolonged sleep nor constipation in the children. Hydrochlorate of morphine or chloral, in tolerably strong doses, did not affect the sucklings. Subcutaneous injections of moderately strong solutions of sulphate of atropine produced very pronounced symptoms in the mother, and dilatation of the pupil in the infant, which disappeared in twenty-four hours. This substance should, therefore, be employed in very feeble doses. In a very great majority of cases, the milk of a woman attacked with fever had no influence upon the nursling. In those rare cases when the temperature reaches 104° , the variations in the child's temperature were identical with those of the mother. In some instances children had died of intestinal catarrh, where the mother's milk could be the only cause of the affection. Bumm has observed, in a case of inflamed breast, the passage of the micrococcus from the milk into the digestive apparatus of the child.—*Med. Record.*

A Needle Swallowed Removed from Arm. — ARCH. CHEATHAM, M. D.

To-day, a negro man, aged 30, with fine muscular development and every evidence of robust health, complained of pain in his left arm, which he first noticed two days ago. This morning he was unable to continue his work (that of bricklaying) on account of the pain incurred when the muscles of the arm were exercised. An examination revealed a hard substance imbedded in the biceps, about midway between the shoulder and the elbow. The offending object was long and pointed, and, presenting obliquely across the

body of the muscle, one end was forced up. An incision was made, and a needle one inch and a quarter long was extracted, which gave evidence of having been in its unnatural encasement for some time, it being oxydized and the point blunted. He disclaimed having had a needle stuck in him by accident or otherwise, but said he had often swallowed pins for the edification of his sable associates, and some two months ago he swallowed a needle. He did not recollect having suffered any special pain or inconvenience from its being in the stomach or during its migratory movements *en route* to the point of its extraction.

I am unable to understand how this hard, long substance, with its sharp, cutting point, could have passed from the stomach into the body of the biceps, from which it was extracted, without causing inconvenience during its long and necessarily circuitous travel.—
Virginia Med. Monthly.

How to Choose a Doctor.

To be a doctor, one must first be a man, and a mean man cannot be a good doctor any more than he can be a good minister or a good husband. And a really honest, large and loving man cannot make a poor doctor, no matter what his pet *pathy* may be. To have good sense as a doctor, one must have good sense as a man. If your doctor is a nincompoop about other things you may be sure that he is a ninny as to medicine and surgery. If the doctor's office is untidy and vile to smell of, you may be quite certain that he will come short of giving good counsel as to health and tidiness of body. If he be clumsy in hitching his horse, you may be sure that he is not handy at surgery midwifery. If he be a great, coarse, blundering fellow,—careless of dress, a two-fisted, farmer-looking man, you may be sure that he will lack perception of those finer symptoms by which a good doctor is guided. If he slanders brother physicians who profess a different pathy, you may be sure that he is himself a quack. Good, earnest doctors are too busy to find time to slander their brethren or their rivals. It is all the same with lawyers, ministers and teachers. The truly good and truly great do not detract from the reputation of others, they are generous and magnanimous even to rivals. If your doctor flatters you and humors your lusts and appetites, and helps you out of a bad scrape

secretly, without reproof, as if you had done no wrong, distrust him. If you can hire him to do or say what he would not do without the hire, beware of him. Good doctors cannot be bought. Your doctor ought not to be a single man. He ought to have a wife and children, and if you see that his wife respects him and his children obey him, that is a very good sign that he may be trusted. If your doctor tells you how to keep well, that is a good sign. You come to him with the toothache; he gives you creosote and clove oil for the tooth, and at the same time suggests that you do not wash enough to keep well—that is a good sign. If the children like him, that is a good sign. If you find him reading in his office, that is a good sign, and especially if he be a settled middle-aged man. If you hear him say: "I once thought so and so, but I was wrong," that is a good sign. If the doctor is neat and handy in rolling pills and folding powders, that is to his credit as a surgeon. If he understands how to bud roses, graft fruit trees, mix strawberry pollen for improved berries, cure chicken pip, and tinker a trunk lock, or put a clock in order, all these are so much to his credit. If, further, you love to meet him, the sight of him quickens you, and you are glad to hear him chat; and you know him thus to be a lovable, sympathetic man—he's the man for your doctor, your confidential friend—find him, trust him.—*Beecher.*

The Assimilation of Iron.

Much difference of opinion has existed as to the method of action of ferruginous tonics. That their use is of advantage is a matter of daily observation, but many difficulties arise when we attempt to explain their mode of assimilation; for, apart from the fact that nearly, if not quite all the iron so ingested is recoverable in the feces, we are met with the equally perplexing fact that iron salts when introduced into the blood stream cause toxic symptoms analogous to those induced by arsenic.

It has long been recognized that the iron entering into our structure is not normally derived from any inorganic salt, but from one or more complex iron-containing compounds existing in our food, and to be found typically, of course, in milk. Bunge, in the *Zeitschrift für Physiologische Chemie* for 1885, records the extraction, from milk and from egg yolk, of this iron-containing organic compound, to which he gives the name of hæmatogen.

Hæmatogen markedly resembles hæmoglobin in molecular composition, though a still more close molecular resemblance may be traced between it and nuclein, if we ignore the absence of iron in the latter body. Bunge has extracted hæmatogen from the cereals and leguminosæ, and states very distinctly that our food "contains no inorganic iron combination, the iron present being in the form of complex organic compounds, which are built up by the vital activity of the plant; that in these forms the iron is absorbed and assimilated; and that from them the hæmoglobin originates."

Starting from these premises, Bunge's explanation of the value of inorganic iron salts in chlorosis is very interesting. The catarrhal state of the alimentary tract present in this condition favors process of fermentation which induces the decomposition of hæmatogen. But when the inorganic iron salts are present, the sulphites evolved in decomposition attack such salts, with the result of sparing the hæmatogen. Confirmatory to this theory is the recent method of treatment of chlorosis, in which the disinfection of the digestive tract by the administration of small antiseptic doses of hydrochloric acid, after meals, has been found more efficient than the use of iron.—*Cin. Med. News.*

Prurigo.

James A. Myrtle (*Brit. Med. Jour.*, June 26) gives the case of a woman of 54, who was in perfect health up to Jan., 1884, when the arms and inner surfaces of the thighs commenced itching, and she felt hard little lumps in the skin. She became rapidly worse and her nervous system completely broke down. The prurigo was situated on the arms and legs; the skin was darker than usual and thickened so that it could not be picked up between the finger and thumb; on passing the hand over the skin, it produced a sound like a short-haired brush, caused a pricking sensation to the fingers, and felt like a nutmeg grater. Sulphur water was ordered before breakfast, in purgative doses, and magnesia water at noon, as a diuretic, with a strong sulphur bath every second day; the magnesia water was also used as a lotion as often as the patient wished. In six weeks the arms were well and the patient resumed her work. When last seen, about a year ago, she was perfectly well, with a healthy, though, in some places, thickened skin.—*N. Y. Med. Ab.*

Rupture of Vagina During First Coition.—By R. H. SABIN, M. D.

On the early morning of the 29th of June, 1885, I was called in haste to see Mrs. S., aged 22 years, of good form and well developed, of nervous temperament and sharp, black eye; and learned as follows: She was married the evening before, and in the act of coitus felt a severe, sharp pain, which was followed by a profuse hemorrhage, which alarmed herself and husband; and her mother in the same house was called, and I was sent for, with the request that I come as soon as possible.

On making an examination, I found the vagina full of clots, which were removed, when, to my astonishment, I found a rent or tear, which commenced at the entrance of the vaginal canal or continuation of the hymen, and extended on the left of the median line backwards to and across Douglas' cul-de-sac upon the right side of the vagina about one-third.

The uterus and bladder were normal. She was still bleeding, frightened, pale, and faint. After washing the vagina with carbolic acid and warm water, I filled it with surgeon's cotton wet with the same solution, ordered brandy and perfect rest.

There was no further bleeding, and the recovery was complete in about three weeks.

Her husband informed me, a few days since, that she has had no trouble since, and is in good health.--*Am. Jour. Obs.*

Who Is Responsible for the Payment of the Physician's Fee?

Several years ago a man entered a restaurant in Berlin and was seen to take poison in a glass of beer. The police ordered the proprietor to summon a physician, and he sent his daughter for Dr. Wilde, who came, and after giving the would-be suicide an antidote, sent him to the hospital. The man recovered, but refused to pay the physician for his services, saying that he had not called him and did not want him. Dr. Wilde then presented his bill for four marks to the superintendent of police, but was told by him to get his pay from the one who summoned him. The restaurant keeper refused to pay, was sued and lost his suit. Then the society of restaurateurs took up the case for the defendant, and the Berlin Medical Society for the physician, and the case was retried, but resulted as before in favor of the prosecution. The society of restaurateurs

is, however, not yet satisfied, and has appealed to a higher court. It is now nearly five years since the fee was earned, but the physician has not yet received it, and has spent many times its amount in seeking to recover it.—*Medical Record*.

Cocaine in the Treatment of Gonorrhœal Ophthalmia.

Mr. A. Leahy reports in the *Indiana Medical Gazette*, July, 1886, two cases of gonorrhœal ophthalmia, in both of which the greatest benefit was derived from the local application of cocaine. As is well known, in gonorrhœal ophthalmia it is of primary importance to lessen the inflammation rapidly, to relieve the intense congestion of the conjunctival vessels and reduce chemosis, and by so doing prevent ulceration and sloughing of the cornea. Last, but not least, is the relief of the ocular and circumorbital pain, which, by its persistence, greatly depresses the patient, and prevents sleep. Mr. Leahy employed a mixture composed of $\frac{1}{2}$ grain of sulphate of atropine, and 4 grains of sulphate of cocaine incorporated with 100 grains of vaseline. This mixture was introduced beneath the upper eyelids, and after three days' treatment the chemosis rapidly became less, the discharge diminished in quantity, the pain completely disappeared, and the cornea, which had been hidden by the chemosis, became visible.—*The Ther. Gaz.*

Ochritis.

An excellent local application for "swelled testicle" is a paste formed of equal parts of subnitrate of bismuth and water. It removes the pain at once, and gradually reduces the swelling.—*Med. and Surg. Reporter*.

The Social Evil.

The first error in all discussions of the social evil, says the *New York Medical Journal*, is the assumption that the only way to regulate the sexual instinct is to permit its unlawful gratification. It is taken for granted that the control of his or her sexual appetite is impossible to men and women. We endorse the view of the editor that this is untrue to facts. We fully believe that by the ordinary moral and religious aids to intelligence and physical activity the sexual appetite can be fully controlled, and made to contribute

to the energetic pursuit of life's work. It were far better to carefully study how the means for its proper control shall be made effective with the masses. Teach each man, woman and child to look after themselves and the problem is solved. It is the history of science, as well as the dictum of inspiration, that the soul that sinneth shall die. None better than doctors know how sexual sins kill the body. None know so well as they that the only way to avoid this death is to control the sexual appetite. He who cannot control his own body has yet to learn the first lesson of physical safety and physical health.—*Am. Lan.*

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THE
AMERICAN MEDICAL JOURNAL.

VOL. XIV.

DECEMBER, 1886.

No. 12.

ORIGINAL COMMUNICATIONS.

ART. XXIII.—“Shall the Patient Eat What He Craves?”—

By M. M. HAMLIN, M. D.

In the *Journal of Reconstructives*, Dr. Whitford has an article headed as above. He says: “Whenever we find a person craving some article of food or drink, and we can satisfy ourselves that it is a demand of nature for a needed supply, give it by all means.”

What physician has not had the question asked over and over again—whether this or that article of food will or will not hurt the patient? This question has given me more trouble than any other that I am called upon to answer. You may ask: Why trouble yourself so much about so small a thing? My answer is this: It is my custom to allow my patients to eat almost anything that their appetite really calls for; but I am surrounded on every side by doctors of that school of medicine who know it all (?), and they have taught the people that they must “starve a fever and stuff a cold.” So whenever you say, let him eat whatever he wants, the people open their eyes with “holy horror.”

To illustrate: Was treating a typhoid patient, a girl of 12 years. Had been sick for four weeks, and did not want to eat anything. We gave sweet milk every four hours. Occasionally the patient would vomit, and the milk would be returned in lumps. Seeing this, the family became alarmed, and desired to have Dr. L. called. I of course agreed to meet Dr. L.; but a day or two before the matter of counsel was spoken of the patient began to ask for grapes—canned

grapes—and this (together with the curdled milk) is what alarmed the family. Dr. L. came, examined the case, and said: "You have a very bad case; this condition of stomach I consider a very bad omen." Said he: "You must stop the milk, and give beef tea instead, with occasionally an eggnog." Said I: "Doctor, what about the grapes? shall I allow the patient to have them?" Said he: "No, sir." I said: "But I am inclined to believe that this craving for grapes is not a bad omen, but, sir, is a call of nature for a needed supply; I shall certainly give the grapes." Said he: "If you do, you had better send for the coffin at the same time." I opened the can myself, and allowed the patient to eat until satisfied. She began to improve from that moment, and made a rapid and complete recovery.

Again: A boy of 8 years had been treated, or rather maltreated, by two "regulars" (and they were "regulars" sure enough) for three weeks for flux. When I was called, the child was continually begging for chicken. [He had been fed (?) on skimmed chicken and beef tea.] I ordered chicken to be given in small quantities every two hours, and that mutton or beef should be substituted as soon as it could be procured, which was done next day—patient being allowed to eat not as much as he desired at a time but often, until he got well, which he did with a whoop.

Often does a patient call for something, and if he does not get it away he never asks for it again; but I mean when they continue to ask for a certain article of food, we cannot but consider it a "needed supply," and must "give it by all means," if we would do the best for our patients.

ABSTRACTS.

Cases of Somnambulism — their Constitutional Character and Treatment.—By A. D. ROCKWELL, M. D., NEW YORK.

Sleep-disorder, in all its varying phases, may exist, and yet the health of the individual remain apparently perfect. This, however, is believed to be true only within limits.

Excessive sleep or morbid somnolence is frequently observed in those whose brain activity is below the average standard. In this

respect persons of defective intelligence are like many of the lower animals, and to eat and sleep fill up the measure of their wants. It cannot be said that epileptics are, as a rule, subject to this morbid condition; but sometimes, as I have had occasion to observe, when the intelligence has been materially affected by repeated and long-continued attacks, the sleeping greatly exceeded the waking hours. An instance of this once fell under my observation so notably as to deserve almost the name of the "sleeping sickness."

The patient was a young lady aged about twenty. The attacks began when she was fifteen years of age, increasing in frequency until she was eighteen. Her memory became impaired, her speech less fluent, and in other respects she evinced a positive mental decadence. Her sleep began to be heavy and prolonged, and when I saw her she was accustomed to go to bed at five in the afternoon and sleep uninterruptedly until ten the next morning, a period of seventeen hours.

Strong coffee nor tea, nor any drug, had the slightest influence in this case. The only measure that availed anything was the starvation method. Her appetite was voracious, and she ate greedily immediately on awakening and before retiring; if, however, she was compelled to go to bed supperless, she slept neither so heavily nor so long. Sleep of a more positively natural character, such as somnambulism and somniloquy, is entirely consistent, up to a certain point, with a high degree of mental and physical vigor; but it may be, and frequently is, indicative of profound constitutional disturbance, sometimes inherited and sometimes acquired.

The phenomena that we observe under the name of hypnotism bear a very intimate relation to those of somnambulism.

In both conditions there seems to be a remarkable concentration of mental and physical energy. The powers of the mind in their entirety cease to act, and in their stead there exists an unerring intensity and directness of purpose.

In somnambulism, as in hypnotism, we have, therefore, a state of unconsciousness only partial in its area. The greater portion of the brain is in profound abeyance, and, physiologically, a condition of affairs may be supposed to exist similar in both states, arterial contraction and consequent anæmia prevailing throughout the larger portion of the brain, while the extraordinary mental acuteness in

certain directions points to some definite localization of arterial activity. In both somnambulism and hypnotism, sight, so far as it relates to the dream or to the special direction given to the thought, is perfect; but, as is well known, unrelated visual impressions are taken cognizance of in neither condition. Notwithstanding all that has been written upon morbid somnolence and somnambulism, the fact that they not only lead to constitutional disturbance, but are, in the beginning, frequently symptoms, and symptoms only, of some obscure, deep-seated, constitutional susceptibility of the nervous system, has not, it seems to me, been sufficiently emphasized.

Especially suggestive of this statement relating to the constitutional origin of the symptoms are the recorded histories of several cases in which there existed a very interesting alternation of symptoms. The constitutional susceptibility remaining unchanged, the attacks would alternate from seasons of sleep-walking, insomnia, and neuralgia. A case in point was related to me only lately by the mother of the patient, a girl fifteen years of age, who had been the subject of periodical attacks of somnambulism for four years past. For nearly a year she was accustomed, almost every night, to get out of her bed in her sleep and walk around the room, and sometimes would open the door and go to distant parts of the house. Finally she ceased these nocturnal rambles altogether, but in their place were developed a severe facial neuralgia, great tenderness along the spine, and marked hysterical symptoms.

After six months, or more, of this form of suffering, the neuralgia and spinal irritation disappeared altogether, but the habit of sleep-walking returned as of old—this alternation being repeated several times. It will be observed that this interesting alternation from one condition to another was nature's own work. During all the periods of change, from sleep-walking to neuralgia and spinal irritation, there must have been some vice of constitution acting as a causative force, and the symptoms from which she suffered were simply the varying manifestations of one and the same cause.

Admitting, then, that the various sleep-disorders—somnambulism especially—are in many instances merely special manifestations of some constitutional disturbance, it becomes evident that our efforts for the relief of these annoying symptoms must be general, and not local. More specifically, our efforts should be in the direction of

imparting tone to the system generally, especially to the central nervous system—brain, sympathetic and spinal cord.

Drugs alone are, as a rule, insufficient, and need be used only so far as they aid in correcting associated symptoms, such as a constipated habit, indigestion, etc. In a very considerable experience with this class of cases, I have found electricity in some one of its forms, or by some one or more of its methods of application, to be in several cases a most effective remedy. The following case came under my observation and treatment, for a variety of nervous symptoms, during my service at the Woman's Hospital some years ago. I give it in some detail, since it illustrates, as very few cases do, the constitutional character of the symptom we call somnambulism, and the marked benefit that may accrue from the treatment that has been indicated:

Miss K——, thirty-four years of age, began to be a somnambulist when six years old, and until 1876, a period of nearly twenty years, had been in the habit of walking in her sleep nearly every night. When at boarding-school this habit continued for some time without discovery. Her room-mate had several times noticed that she got out of bed and moved about, without suspecting the true condition, and the patient herself hesitated to make her a confidant, for fear she would be avoided. She regarded the habit in the light of a disgrace. It was only when on one occasion she opened the window and rushed to the roof, impelled by the fear of fire, that her real condition was discovered by her room-mate. As a child at home she was not infrequently punished, in the hope that the habit would thereby be broken, as if the rod could cure a pathological condition. With the same end in view she had been doused in cold water while still asleep, with no other effect than to increase a very decided nervous susceptibility. When the character of her nocturnal wanderings became apparent, she was, as a rule, closely watched, and led back to bed or accompanied in her movements. Occasionally, however, she would awaken and find herself on the stairs or in the hall, when she would be immediately seized with a severe nervous chill, and sometimes with dizziness. In 1877 she arose one night while her companion was sleeping, went to the roof, and slid down a long slender pillar to the ground. She was found walking along a narrow fence, and was immediately carried into the house.

Persistent efforts were made to awaken her, but without avail. She would answer "yes," but did not become thoroughly conscious until morning. From that time onward, singularly enough, she never, so far as was known, arose from her bed while asleep, but immediately she began to suffer from nausea, from occasional vomiting, and from paroxysms of intense headache, which continued with varying intensity until I saw her. These paroxysms of pain and nausea occurred every week or ten days, during which time she could keep nothing upon her stomach. I subjected this patient to tri-weekly applications of the galvanic current, by the method of central galvanization, and the benefit accruing from their use was as prompt and as marked as in any case that had come under my observation. From the date of the first application until she left the hospital, a period of two months, she suffered no more from these paroxysmal seasons of intense pain. For the nausea much relief was obtained from the administration of oxalate of cerium. The patient promised to write and inform me of her condition, and especially if there should be a recurrence either of the somnambulism or the more distressing symptoms of cephalalgia, nausea, etc., that supervened upon the cessation of the sleep-walking habit. I have heard nothing from her, and infer that the recovery was permanent.

Another case, kindred in character, was brought to me in October, 1885. The patient was a girl sixteen years of age, possessing a fine, sensitive organization, and unusually bright and precocious. Physically she was well proportioned, and her nutrition seemed to be fair, but a decided anæmia was observable, more especially as manifested by the appearance of the mucous membrane. She was nervous, painfully excitable, easily moved to tears, and complained of great lack of endurance. The menstruation was regular enough, but was much too profuse, and attended by acute pain.

Since the age of seven this person had, without lengthened intervals, been the victim of either somnambulism or incontinence of urine. She was never annoyed by both at the same periods of time, but either one or the other system always existed. Incontinence was the first to appear, and continued until the ninth year. As suddenly as it came it ceased, and somnambulism took its place. The patient would not always attempt to get out of bed, but would sometimes simply sit up, remaining quiet, with eyes wide open, or

would automatically take down or put up her hair. Until her twelfth year she was affected in this way, when, for the time being, the tendency to sleep-walking left her, and for nearly a year nocturnal incontinence was the annoying symptom. When this ceased, she began again immediately to walk in her sleep, and had continued the habit with great frequency until I saw her.

She was not a resident of the city, and as it seemed impossible for her to remain for treatment at that time, I prescribed the binoxide of manganese for the menorrhagia, together with iron. Three months after, she came again, but reported no improvement, agreeing, however, to remain for a time and submit to such treatment as might be necessary.

Her anæmia and weak condition, and decided nervous state, seemed to me to indicate general faradization, and, stopping all medication, I began this form of treatment. Up to this time she had been more or less somnambulistic every night for many months. During the first six days of treatment her symptoms were as usual. The seventh night she slept throughout the night quietly. On this occasion the application was given at her home and just before retiring, the others having been administered during the day and at my office. Influenced by this suggestive result, I administered subsequent treatment in her own room and at bedtime, with most satisfactory results.

During the succeeding two weeks she arose from her bed but twice, and as the lateness of the hour was exceedingly inconvenient for me, I returned to the morning applications. Singularly enough, the patient was disturbed in her sleep three times in the course of the subsequent week, causing me to once more resume the night treatment, not to be again changed until the cessation of all treatment. The menstruation which now appeared was far less profuse and entirely painless. During the four following weeks that she remained under treatment she showed evidences of somnambulism but twice, and at the end of that time there was manifest improvement in health and strength.

Six months after the cessation of treatment by general faradization, and within a few weeks, the patient called upon me, reporting that the habit seemed to be permanently broken, as in no instance had she arisen in her sleep. Her menstruation had continued normal in every respect, and her health was in every way excellent.

Not to burden this paper with further long clinical recitals, I will simply say, that out of five other cases of similar character three responded admirably to treatment, which to my mind clearly illustrates the constitutional character of the nervous derangement, as well as the utility of the treatment adopted.

The pathological condition prevailing during the somnambulistic state can in the nature of things only be conjectural. As before remarked, many things point to a disturbed circulatory equilibrium, probably arterial contraction with anæmia over large areas of the brain, associated with some definite localization of arterial activity. The rationale of electrization is, that by one method of its application—central galvanization—the central nervous system is directly brought under its influence. It is, of course, impossible to exclusively localize the galvanic current in any special portion of the brain-structure, or the pneumogastric or sympathetic; and even if it were possible, it would be just as impossible to know where to localize it, for in very many so-called functional diseases there is no well-defined pathological state, the whole central nervous system rather being invaded by a condition of exhaustion and irritability.

By judiciously influencing the entire nervous system with the galvanic current, its nutrition may be wonderfully improved, and to this improvement in nutrition, brought about by the tonic and sedative action of the current, is due the many excellent results that follow its application, not only in sleep-disorders, but in hysteria, neuralgia, chorea, and many other conditions. By the other method (general faradization), although the brain and cord may not to any great extent be brought directly under the influence of the current, yet we are warranted in believing that the powerful action of the current upon the superficial sensory and motor nerves exerts a decided reflex effect even upon remote nerve centres. General faradization is to the whole body what localized faradization is to an individual part or organ. From localized applications we obtain certain physical, mechanical and physiological effects. These effects resulting in localized increase of the processes of waste and repair, and improvement in nutrition, are, through general faradization, followed by the same results, with the difference that they are appreciated by every part of the system, instead of a certain restricted portion.—*Med. Record.*

Dilatation of Stricture of the Œsophagus After Gastrotomy.

The advantages to be derived from an operation by which food can be introduced into the stomach, notwithstanding the presence of a stricture of the Œsophagus, are well recognized, but the value of the operation of gastrotomy will be greatly enhanced if it can be made the means of curing the stricture itself. Several surgeons have made attempts in this direction. Bergmann and Schattauer, for example, have succeeded in passing bougies through a stricture of the Œsophagus from below upward; and Weinlechner has passed a delicate sound down through the stricture and out of the opening in the stomach. Another method of utilizing the gastric fistula consists in passing a slender sound from above the stricture, and out of the artificial opening, then attaching a thread to its upper end and drawing after it larger instruments. This method has been employed by Weinlechner, who used the thread to draw into the stricture pieces of drainage tube, which were allowed to remain in position, in the hope that their elasticity would have the effect of steadily dilating the stricture. In the only case in which he did this the patient died of tuberculosis. A similar procedure is described by von Hacker in a monograph on operations upon the stomach, published this year. His plan was to attach a drainage tube to a slender sound, and draw it through the stricture in a state of extension. He believed that when the tube was no longer stretched, it would regain its previous caliber, and produce active dilatation of the stricture. It does not appear that this plan has ever been put into practice; and it is easy to see certain objections to it, as, for example, that the elastic tube might break; that its end might double over at the point at which the thread was tied, and injure the diseased part of the Œsophagus; that it might, if small, become wrinkled and not expand at all; or, if thick, that it might become intolerable or dangerous to the patient.

An apparently much better method has recently been proposed and used by Maydl, who describes it in the *Allgemeiner Wiener Med. Zeitung*, for June 15, 1886, as follows: He introduced through the cicatricial stricture of a patient, twenty-two years old, a fine bougie, No. 5; he then anæsthetized the patient, passed a sound into the opening in the stomach, which he had dilated with a sponge tent, found the end of the bougie, seized it with urethral forceps,

and drew it down till it protruded from the stomach. He next pierced the upper end of the bougie, which protruded from the mouth, with an awl, and attached to it a strong double silk thread twice as long as the bougie. He now drew down the bougie through the œsophagus and stomach, and pulled the thread after it. He then tied the upper end of the thread into the lower end of a large bougie, No. 10, drew this carefully down through the stricture, and left it in place for twenty-four hours. In order to make the treatment as little irritating as possible, Maydl took the precaution to draw the upper end of the bougie down into the œsophagus, after having attached a thread to it, which was secured to a pledget of gauze retained in the nose. He also secured the patient's hands, so that he could not pull the bougie out when it proved irritating. In twenty-four hours the bougie was withdrawn through the stomach, and with it the thread was drawn down, and was then left in place for three days. At the end of this time a larger bougie was drawn down by means of the thread, and was left in place for twelve hours. The subsequent steps consisted in introducing a larger bougie every second day, diminishing the time which it was allowed to remain, and leaving the thread in during the intervals. In order to reduce to a minimum the irritation of the manipulations, a small quantity of a five per cent. solution of cocaine was swallowed. Maydl found it best to introduce the thread through the nose, and not by the mouth, because it is less irritating in the former situation.

The obvious advantages of this ingenious method are, that when once the opening of the stricture is found, the way to it is never lost. This is sometimes no small matter, as it is common to find an enlargement of the œsophagus above the seat of a stricture, and a small bougie may easily miss the central channel. The retention of the bougie in the stricture is likely to have a similar effect to that of a *sonde à demeure* in the urethra, and to lead to a more speedy resolution of a stricture than could be hoped for from the repeated passage of such instruments.

The tediousness of the old method of dilatation need not be described here. It is more important to note that in a few days Maydl's patient reached a point where he was able for the first time in a year to eat a piece of meat in the natural way, and that the operator hoped in two weeks to be able to pass through the stricture

the largest bougie. This success is encouraging, and on its face the method seems well adapted to the treatment of cicatricial strictures of the œsophagus. Of course, much is not to be expected from it in case of malignant strictures.—*Phila. Med. News.*

Chorea.

In 1872, Eulenburg and Smith proposed to substitute, for arsenic given through the mouth, hypodermic injections of Fowler's solution in the treatment of chorea. Dr. Fruhwalt (*Revue des mals. de l'enfance*) communicates the results obtained by the new method of treatment at the clinic of Professor Widerhofer.

The liquid employed for the hypodermic injections consisted of Fowler's arsenical solution dissolved in an equal quantity of distilled water.

At the beginning, an injection of but one division of the syringe of Pravaz was made, which amount was augmented each day by one division until ten were reached. Arrived at that maximum, the amount was diminished each day by one division—the quantity of fluid injected being in accord with the age of the child and the gravity of the disease.

The injections were deeply made, and alternately upon one or the other of the extremities, the part having been recently washed with a solution of thymol.

At the same time as these injections were made, Fowler's solution was given through the mouth to a number of children affected with chorea, that the two modes of administering the solution of arsenic in this disease might be compared.

They began in the one case by administering five drops of Fowler's solution in seventy grammes of distilled water and ten grammes of syrup, increasing the dose every day by one or two drops until the amount taken was twenty-four drops per day. The children under treatment by arsenic numbered twenty-five, of whom eighteen were girls and seven boys, their ages running from five to fourteen years. Twenty-three of these were treated by means of hypodermic injections, and two by the administration of arsenic through the mouth. Regarding the ætiology of the disease, the twenty-five cases were classified as follows: Nineteen could be attributed to a fright, or to mental excitement; two cases were cases of relapse, but who had

not been previously treated with arsenic; while in three instances only the chorea coincided with acute articular rheumatism, without cardiac complications.

Of the therapeutic results obtained by the sub-cutaneous injections, it may be said that that mode of administration is preferable to the absorption of the medicine through the digestive system. At the end of the first week of treatment the amelioration was marked, and in most of the cases the cure was complete about the third or fourth week. In the twenty-five cases under treatment there was only one that suffered a relapse, in all the other cases the cure was complete. It is probable that the arsenic when injected under the skin is absorbed more readily by the blood, and exercises, for that reason, a more rapid action on the organism.—*Archives of Gyn.*

Five Cases of Pruritus Pudendi.—By E. S. McKee, M. D., CINCINNATI.

The following is that part of a paper on Pruritus Pudendi, read before the Cincinnati Academy of Medicine, Sept. 27, 1886, which contained the report of cases:

My apology in bringing so vulgar a subject before this learned academy, is its frequency and persistence. It renders the lives of many of our patients unbearable, and is a trouble with which we are often unable to cope. Rather in the hope of gaining than imparting information, I present here a few cases.

CASE I. Married woman, aged 34, German, and five months pregnant. Fetal heart distinctly audible and beating 138 per minute. Bowels costive, urine normal, appetite poor. Leucorrhea. She asks relief from an incessant, harrowing, torturing itching. She has, in fact, pruritus pudendi from pregnancy.

The treatment in this case has been to inject a solution of boracic acid. This was continued for some time, and was followed by no permanent relief. She was then given a solution of bichloride of mercury as an injection. This likewise did no permanent good. She finally settled down with the determination to stick to borax water to the end. The delivery of the child brought permanent relief.

CASE II.—A married woman, aged 48, came to the clinic, Medical College of Ohio, Dec. 1, 1885. Has had 10 living children and

two miscarriages. Has been married 31 years. Appetite fair. Has suffered from chronic dysentery for three or four years. She has not seen her menses for three years. They were very irregular for three years before that. She has suffered from an intolerable itching the greater part of the time for five years past. She suffered also from painful and frequent micturition, caused by acidity of the urine. This has disappeared under R. Potassii bicarbonatis, ʒij.; aquæ, ʒij.; M. Sig. Take one teaspoonful three times a day.

She has backache. On examination it is found that she has suffered a rupture of the perineum to the first degree, which is followed by a rectocele. An inflamed condition of the urethra and evidence about the genitalia of severe and determined scratching. The uterus is found in a good condition and position, and leucorrhea absent. Her pruritus is probably due to the menopause. It came on soon after the menses became irregular, preparatory to their entire cessation. The trouble with her urine was only present for two months. Brushing the parts with a two per cent solution of cocaine brought prompt but brief relief.

CASE III.—Married American woman, aged 40, the mother of three children, suffered for eight months from pruritus confined to the outer portion of the left labium majus, except during the menstrual flow when the pruritus extended. Leucorrhea absent. The veins of the labia were varicose and the skin atrophied. The hair was gray and limp on the affected side, while on the other it had the usual appearance. The pruritus resisted various treatments and disappeared with the change of life.

CASE IV.—American, aged 33, married, and the mother of five children. She had a thin purulent discharge coming from the vagina and uterus. There were some small scars in the vagina supposed to be the result of a forceps delivery some years before. The pruritus was confined to one side on which there was but a sparse growth of hair. Cure of the catarrh as well as stretching and cutting of the scars brought no relief. Arsenic in increasing doses proved beneficial. Cocaine in two per cent solution brought but temporary relief. On the woman becoming pregnant the pruritus disappeared and has not reappeared during the year which has followed. The pruritus was probably due to atrophy of the skin.

CASE V.—Irish woman, aged 52, the mother of five children. She

has an immense rectocele, the result of a rupture of the perineum. The labia majora were edematous, stood out in puffs and rolls and were purple from varicosity of the veins. The rectocele and the ostium vaginæ were highly injected. Uterine discharge. Urine normal. Tampons of boro-glycerine applied to the cervix lessened the congestion, relieved the pruritus and cured the uterine discharge. During the six months which have intervened the pruritus has not returned, but might have done so but for frequent topical applications of the boro-glycerine in treating the rectocele. In this case the patient could not localize the pruritus to any particular part of the pudendum. The hair on the genitalia seemed to have lost its vitality.—*Weekly Med. Rev.*

The Biochemic System.—BY E. H. HOLBROOK, M. D., BALTIMORE, MD.

In the September number of the *Eclectic Medical Journal*, the editor gave a brief notice of Dr. Schussler's "New Treatment of Disease," in which he remarks: "This theory is worked out to the satisfaction of the writer, and possibly to satisfy such readers as may take theorizing as equivalent to facts."

I am somewhat astonished that Dr. Scudder, who professes to be a *true Eclectic*, has not yet taken the trouble to investigate this system of medication. Had he tried but a few of the remedies faithfully, according to the instructions in the book, he would hardly have written that sentence. What might have at first been advanced as theoretical has now become an established fact. I cannot see how a few cases treated according to this plan, with carefully selected remedies, can fail to convince any doubting Thomas of the truth of this. There are many other physicians in this county, besides myself, who have been using this system since the publication of my first article on this subject, who agree with me that it is a good thing, and say that they are having greater success than with any other remedies heretofore used by them. Indeed some are so well pleased with the system they have desired me to publish a journal to be devoted to it alone. But it requires capital to begin with, and plenty subscribers to support a journal, so we must leave that for the future to develop.

To show to some extent the scope of the twelve tissue remedies,

I give below in the first column the Biochemic salts, and in the second the remedies corresponding to them. It will be noticed that those opposite nat. mur. and salica are doubtful. Equiset. hy. is said to contain silica, but whether it will give like results is not known. Perhaps in trituration it might.

Calc. Fluor.—Graphites.

Calc. Phos..—Calc. carb., cinchona, etc.

Calc. Sulph.—Hepar sulph. calc. (calc. sulphite). Apocynum also contains calc. sulphate.

Fer. Phos..—Fer. carb., gelsem., verat. vir., acon., arnica, monotropa, etc.

Kali Mur..—Phytolacca, sang. (nit. and mur.), scroph., stillingia, potentilla can., pinus can., asclep. tub., etc.

Kali Phos..—Kali carb., carbo. veg., baptisia tinc., rhus tox., verat. alb., epiphegus virg., bella., convallaria maj., puls., vibur. prun., digitalis, cimicifuga, cactus, lycopus, scutellaria, stramonium (?), xanth., etc.

Kali Sulph..—Puls., hydras., myrica cer., etc.

Mag. Phos..—Vibur. op., mag. carb., bella., lobelia, stramonium, symplocar. foet., verbas. hast., drosera, etc.

Nat. Mur..—Cedron (?), stramonium (?), arum triph. (?), etc.

Nat. Phos..—Nat. carb., rheum (?), lithia carb., etc.

Nat. Sulph..—Apocy. cannab., iris vers., cham., chionan. v., lycopodium, bryonia, podophyl., nux vom., chelidon. maj., sulphur, etc.

Silica (?).—Equiset. hy. (?).

All vegetable remedies contain the inorganic salts, and I believe depend chiefly upon them for their medicinal virtues. According to the salt which predominates is the peculiar action of that plant. Those plants which contain chiefly kali carb. are antiseptic and nervine, and correspond to kali phos. into which the kali. carb. is converted in the system. Those remedies which contain chiefly nat. sulph. cure dropsy, bilious and intermittent fevers, etc. Those which contain fer. act upon the heart and circulation, reducing the pulse and temperature of the body and subduing inflammation. And so with each group. Stramonium has the loquacious delirium of nat. mur., and also contains large quantity of mag. phos. It probably contains also a small quantity of kali phos.

When we use the vegetable remedies we administer generally two or more salts together, but in the use of the tissue remedies we have each one separate and distinct, and can give them singly or in alternation to better advantage. Besides this we are not obliged to carry three or four dozen or more remedies to select from. When possible it is advisable to use these remedies singly. In the majority of cases this can be done, if sufficient care is taken to study the symptoms. One important caution may not be out of place. *Do not use the remedies too low.* My experience has taught me that it is better to go high than too low. Do not be afraid the remedies will not act if largely diluted. They act far better. If the *proper* remedy is chosen it will act well in any potency. The sixth and twelfth centesimal are good potencies, but I sometimes give much higher with brilliant results.—*Eclet. Med. Jour.*

Treatment of After-coming Head.—By A. L. CLARK, M. D.

In the terminal stage of breech labors, whether occurring primarily, or as the result of version, the problem of safe delivery of the head becomes one of the greatest importance. A child to this time perfectly viable and kicking vigorously may through five minutes of improper or ineffectual treatment die of asphyxia; hence the necessity that the obstetrician should have a well matured knowledge at his command of all the expedients to which resort may be had.

It is proposed in this article to, as briefly as may be, consider some of the proposed and practicable methods, premising all by the statement that no one method is perhaps best in all cases.

1st. What is known as "Smellie's method" consists in the application of two or three fingers of one hand on the occiput, the middle and index fingers of the other hand in the canine fossæ, then make downward pressure on the occiput, upward traction on the face, delivering the child face first and upwards.

2d. A modification of the plan of Mauriceau, consisting in downward traction upon the occiput with one hand, and traction upon the inferior maxillæ by one or two fingers of the other hand introduced in the child's mouth.

3d. Prager's method—one hand on the shoulders, the feet in the other hand—downward traction.

Fluid Forms of Hydrastis.

The reputation of this drug as a therapeutic agent was first gained, through its employment in the form of an *infusion*; and in the fifty years following its introduction into medical practice, a continuous effort has been made by manufacturers to perfect a preparation which would represent all the active principles of the drug, without the high price of the salts, either alone or in combination.

The most prejudiced writers on *Materia Medica*, accord to the late Wm. S. Merrell the largest share of credit in the introduction of Hydrastis preparations, and to the present organization the reputation of being the *largest consumers of the drug in the world*. For more than a half-century, Hydrastis has been made a study in our laboratory, and we do not think we exaggerate its importance when we assert that, it stands pre-eminent to-day as the most valuable exponent of our vegetable *Materia Medica*.

The following preparations in *fluid form* are receiving our special attention at this time:

Fluid Hydrastis—MERRELL.

Is what its name implies—the active, medicinal principles of the drug in natural combination and in a fluid form. It has a bright, yellow color, perfectly clear, free from sediment, and with an unmistakable odor of the *fresh drug*.

Fluid Hydrastis is a pure, neutral solution of all the alkaloidal constituents of the drug, rejecting the oil, gums, irritating and offensive resins, and inert extractive matters. The success attending its introduction is the best evidence of its therapeutic value.

Unsuccessful imitations and would-be substitutes are met with on every hand. Preparations said to be "just as good" or "about the same thing," but always "a little cheaper," attest the wide spread and growing popularity of Fluid Hydrastis. All such, compared with the latter as to physical appearance or as representatives of the drug, *are condemned*; dispensed in prescriptions, *they are readily detected*; tested therapeutically, they are *promptly rejected* as unworthy of confidence.

Fluid Hydrastis is applicable to the treatment of all irritable, inflammatory and ulcerative conditions of the mucous tract.

This statement of a well-known medical writer and journalist has become axiomatic:

"No remedy for physician's use has been received with such universal approval."

Solution Bismuth and Hydrastis—MERRELL.

An invaluable and scientific combination, wherein the beneficial action of the white alkaloid is increased by association with Bismuth. This solution contains $2\frac{1}{2}$ grains of the double Citrate Bismuth and Hydrastia; twenty-five per cent. of which is Hydrastia Citrate.

The cordial reception accorded this preparation marks it as the most valuable combination in the market in which the white alkaloid alone represents the valuable properties of the drug. Used in diseases of the nasal passages, of the eye, of the throat, of the stomach and intestines, of the reproductive organs and bladder, it is equally beneficial.

Colorless Solution of Hydrastia—MERRELL.

This is a permanent solution of the white alkaloid, without the addition of any other medicinal agent to modify or increase its action. It is offered without special recommendation to meet the views of a limited number of physicians, with whom the color of the Fluid Hydrastis is an objection. This solution contains in one fluid pint, the same proportionate strength of white alkaloid as exists in an average quality of crude root.

See notes above on Solution Bismuth and Hydrastia.

"Merrell's Hydrastis Preparations" are for sale by Wholesale Druggists throughout the United States. Please specify "Wm. S. M. Chem. Co." in ordering or prescribing.

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Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water,	2½ gr. to 1 oz.
" Hot Water,	12 " 1 "
" Alcohol,	3 " 1 "

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.— $\frac{1}{4}$ to $\frac{1}{2}$ grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure,	grs. x.	} Mix
Mucilage Acacia,	oz. i. j.	
Aqua Rosæ,	oz. iv.	

Use $\frac{1}{4}$ oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure,	1 gr.	} Make one pill.
Podophyllin,	1-20 "	

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," "Fluid Hydrastis."

Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In *Diphtheria*, *Bronchitis*, *Pneumonia* and *Laryngitis*, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

Concentrated Nitrous Ether.—Merrell.

For extemporaneous preparation of Spirits of Nitrous Ether, U. S. P.

Pepsin, (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

Boro-Glycerine.—Merrell.

The new Antiseptic. Solid and Solution. *Solid*, contains 92 parts Pure Glycerine and 62 parts Boracic Acid. *Solution*, 50 per cent., contains one-half an ounce solid Boro-Glycerine to each fluid ounce of liquid.

Solution Bismuth and Hydrastia.—Merrell.

Colorless, and highly perfumed. A solution of the double Citrate of Bismuth and Hydrastia (*White Alkaloid*), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains $\frac{1}{4}$ grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an Injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

Salicylic Acid, (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen). Salicylic Acid from Wintergreen is *less irritating* and better borne by the stomach when used internally; and as an external application is *more bland* than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

Tincture Gelsemium.—Merrell.

Green Root only used. A specialty with us since its first introduction in 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica.

Send for circular giving "Special Therapeutics."

Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to *color* and *flavor*; characteristic richness as a *nutritive food* or per centage of *active Diastase*.

Liquor Secalis Purificatus.—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for *Hypodermic Medication* and *topical application*; for which purposes the Official Fluid Extract is not admissible.

4th. A combination of this method with downward traction on the inferior maxillæ.

5th. Expression, either alone or in combination with either of the other methods.

6th. The application of forceps.

7th. Carrying the body of the child upward or forward towards the abdomen of the mother, and if the face be in the hollow of the sacrum making traction if need be upon the inferior maxillæ.

8th. Carrying the body of the child backward towards the sacrum of the mother.

A combination of these methods may often be desirable and necessary. It should be recollected that the head having escaped from the uterus, there remains to facilitate its expulsion only the weak contractile force of the vagina and the voluntary action of the abdominal muscles; hence the mother should be encouraged to exert herself to the uttermost, if she be in any condition to afford assistance.

In making downward traction upon the inferior maxillæ, unless great judgment be used, such force may be employed as to seriously injure the child, and interfere at least with its subsequent nursing.

In the third proposed method, downward traction being employed, the line of traction lies through the axis of the spinal column, which being much nearer the occiput than the face will tend to advance the occiput, produce extension, and consequently bring the occipito-mental diameter across the pelvis, a very unfavorable if not impossible combination. Expression by the firm, deep-seated pressure of three or four fingers above the symphysis pubis, forcing the head through the pelvis, is often a very effectual method, especially in combination with some of the other advised plans, but a great deal depends upon the thickness or thinness of the abdominal walls.

In carrying the body of the child forward toward the abdomen of the mother (the face being in the hollow of the sacrum), or backwards towards the maternal sacrum (the face of the child being under the maternal symphysis pubis), or making direct traction, the fragility of the neck must be taken into consideration, and the ease with which a fatal dislocation may be effected.

Where the child is beyond question dead, and there no longer exists any reason to spare the neck, carrying the body in this way

firmly forward or backward rarely fails to promptly extricate the head.

While all these procedures, being manual and involving only the use of means always at hand, are therefore especially desirable, there are always liable to occur conditions rendering their successful application extremely difficult, if not impossible; hence in all breech labors forceps should be at hand and ready for instant use.

They may be applied either above or below the body of the child, by raising the body or carrying it forward to nearly a right angle with the pubes, where it is held by an assistant, or reversing the procedure.

And it should not be forgotten that often when the face lies in the hollow of the sacrum two or three fingers may be carried upward to the malar bones, and sufficiently depress the perineum to allow the child to obtain a few inhalations of air while some of the means for securing delivery are being carried into execution.

It may be necessary, too, to use a degree of force and a rapidity in delivery which will endanger the integrity of the perineum, but this is justifiable, because the life of the child depends upon celerity of action; besides, the perineum, already dilated by the passage of the body, will be much less likely to be ruptured by haste than it would in the passage of the head in the first instance, and at all events it is better to have a lacerated perineum than a dead child.

—*Chicago Medical News.*

A New Method of Treating Fistula in Ano.—BY EARNST F. HOFMAN, M. D.

Having paid especial attention to diseases of the pelvic organs, I have frequently been called upon to treat cases of fistula in ano and vagino-rectal fistula.

In my early practice, I found great difficulty in successfully treating these cases without resorting to the direct operations. The principal resistance to treatment was found in the extreme obduracy of the sanious membrane lining the fistulous canal. It seemed to resist all efforts to bring about healthy granulations.

In my later practice, I have adopted, with great success, the plan of treatment, original with myself, which I shall now briefly describe:

This plan of treatment, as I have stated, has been extremely suc-

cessful, resulting always in speedy recoveries, with but little discomfort or inconvenience to the patients. By means of a flexible silver probe, with an eye, I carry a silk thread from the outer opening, through the fistulous canal into the rectum; then, withdrawing the probe, and fastening to the thread a rubber tube as *large* as can be introduced into the canal, I carefully draw this tube (by means of the thread) through the fistula and out of the rectum, when I secure both ends of the tube together. This part of the operation being accomplished, there is little more to do than to await the result. The rubber tube will soon set up a *destructive* irritation of the *sanious membrane*; and, in a few days, in place of the characteristic serous secretion from this membrane, there will appear a *healthy purulent* discharge. Then, already there has begun the disintegration of the membrane.

I allow this first tube to remain a few days longer, when I proceed to replace it with another tube, say one-half the diameter of the tube displaced. The new tube should be introduced by attaching it to the outer end of the tube to be displaced, drawing it through the canal, and fastening its ends together, as directed, with the first tube. In a day or two healthy granulations will be observed (the membrane being obliterated) closing in upon the tube. When this occurs, I again, by the same method, introduce a thin rubber string in place of the second tube. Within another day or two it will be found that the healthy granulations have closed in upon the string, when, finally, and as a finishing procedure, I replace the string with a fine, flexible silver wire. In a few days this latter may be safely withdrawn; the fine opening will promptly heal, and the fistula be permanently cured.

Almost any fistula, treated by this method, should be cured in from ten to fourteen days, while by ligation the agony is prolonged from four to ten weeks.—*Med. World.*

Don'ts for the Sick-room.

Don't light a sick-room at night by means of a jet of gas burning low; nothing impoverishes the air sooner. Use sperm candles, or tapers which burn in sperm oil.

Don't allow offensive matters to remain; in cases of emergency, where these cannot at once be removed, wring a heavy cloth, for

instance, like Turkish toweling, out of cold water, and use it as a cover, placing over this ordinary paper. Such means prevent the escape of odor and infection.

Don't forget to have a few beans of coffee handy, for this serves as a deodorizer, if burnt on coals or paper. Bits of charcoal placed around are useful in absorbing gases and other impurities.

Don't have the temperature of a sick-room much over 60 degrees; 70 degrees are allowable, but not advisable.

Don't permit currents of air to blow upon the patient. An open fire-place is an excellent means of ventilation. The current may be tested by burning a piece of paper in front.

Don't give the patient a *full* glass of water to drink from, unless he is allowed all he desires. If he can drain the glass he will be satisfied; so regulate the quantity before handing it to him.

Don't neglect during the day to attend to necessities for the night, that the rest of the patient and the family may not be disturbed.

Don't ask a convalescent if he would like this or that to eat or drink, but prepare the delicacies and present them in a tempting way.

Don't throw coal upon the fire; place it in brown paper bags and lay them on the fire, thus avoiding the noise, which is shocking to the sick and sensitive.

Don't jar the bed by leaning or sitting upon it. This is unpleasant to one ill and nervous.

Don't let stale flowers remain in a sick chamber.

Don't be unmindful of yourself if you are in the responsible position of nurse. To do faithful work you must have proper food and stated hours of rest.

Don't appear anxious, however great your anxiety.

Don't forget that kindness and tenderness are needful to successful nursing. Human nature longs to be soothed and comforted, on all occasions when it is out of tune.—*American Druggist*.

Truth Stranger than Fiction.

The *British Medical Journal* contains the following strange information: Last week the French public was agitated by the discovery of the body of a genteel girl who was found dead in a

sequestered street in the suburbs of Paris. There were no marks of violence; but the circumstances were so suspicious that no doubt was entertained, either by the police or the public, that death was due to crime. For some days the journals were full of wild theories as to the motive which might have prompted the murder of the interesting victim. The real circumstances of the case, as now ascertained, are a trifle less romantic, but are sufficiently curious, from several points of view, to merit a passing remark. At the post mortem examination, which was made in the usual course of events at the morgue, it was discovered that death was due to suffocation caused by impaction in the larynx of a collection of those restless and enterprising worms, the *Ascaris lumbricoides*, which the child had presumably vomited, but not ejected. Not the least remarkable feature in the case is the explanation afforded by the parents of their conduct in the matter. Terrified by the sudden death of the child, which nothing had foretold or could explain, they had preferred depositing the body in a quiet unfrequented spot to risking the malicious remarks and innuendoes of the neighbors, and of that dread official the *concierger*. Rather than face this and a possible trial for manslaughter, they, in a fit of desperation, resorted to the reprehensible plan which excited so lively an interest in French society. The cause of death is one which deserves to be recorded in the annals of legal medicine.

The Cure of Hydrocele by Electrolysis.—BY CHAS. LAMKIN, M. D.

I notice in the *Medical Specialist* of March, a cure for hydrocele, in which the knife seems to have had its part to perform, with the usual results of not being free from relapse. I would like to give your readers a description of my method of curing hydrocele without the use of the knife, without any pain worth speaking of, and not hindering the patient from being around every day where his business required him to be. I will take a case of recent date, an old gentleman of sixty, who I operated upon about six months ago, for hydrocele; he had consulted one of the "Old School" physicians, who told him he would have to submit to the use of the knife; not relishing that part of it, he came to me for advice, resulting in my operating upon him. I first located the hydrocele, then having everything in readiness, a freshly charged galvanic battery, a gold-

plated electrolysis needle of suitable size and shape, well insulated to within one-eighth of an inch of the point with rubber or shellac, care being taken that this was smoothly and perfectly done; the object of this being done to allow the needle to enter the sack easily and to prevent any action of the current upon the skin. I then applied at the point selected for the puncture with the needle, a piece of cotton saturated with a solution of equal parts of carbolic acid and ether, which has a positive benumbing effect upon the skin where applied, and makes the introduction of the needle almost painless. The point selected was the juncture of the middle and lower third of the hydrocele, where I pushed the needle boldly in until the point entered the fluid (which is absolutely necessary for success), the direction of the needle being obliquely upward and backward. I attached to the needle the negative pole of the battery, and to the positive pole a good sized sponge electrode (moistened), this I located just above the needle on the spermatic cord. As soon as the circuit was closed innumerable bubbles began to arise, showing that the hydrogen and alkali was being set free. I continued this for about eight minutes, used eight cells of battery (galvanic), when the hydrocele disappeared; no scar or other evidence of the operation remaining, other than the thickening of the skin, which entirely disappeared in a day or so by immersing the testicle in a cup of warm water connected with the positive pole while the patient was seated on a large, damp sponge connected to the negative pole of the battery, for about fifteen minutes at each treatment. It has been several months since the operation, and there has been no return of the hydrocele, nor has there been any symptoms of a return.

Urethan and Chloral in Traumatic Tetanus.

Mr. Wm. Thomas Jackmann gives the following brief notes of a case of tetanus which recovered under the influence of the new hypnotic, urethan, in conjunction with chloral hydrate:

J. C., a lad aged 15 years, came under my care on March 15, 1886. The patient presented well-marked symptoms of tetanus, which were evidently the result of an injured finger on his right hand. This had been crushed by cogged wheels five weeks previously, and had healed up slowly under simple local treatment. The lockjaw was complete, and the opisthotonus well marked; severe parox-

ysms of pain were complained of, which were greatly exaggerated at night. The patient had noticed his neck and jaw muscles gradually becoming stiff for the past few days, but attributed this to a chill. Chloral hydrate in 20-grain doses every three hours was ordered. This relieved the paroxysms of pain slightly during the day, but the lockjaw, opisthotonus, and rigidity of the muscles of the leg remained the same, and the pains were just as severe and frequent during the night. Fluid nourishment was administered and the chloral treatment continued until March 25, when, as no abatement of the symptoms were apparent, after consultation with my partner, Mr. T. Simpson, it was decided to discontinue the chloral during the night, and in its place to give the patient four grains of urethan every two hours, from 6 P. M. to 6 A. M. The first night of this treatment showed a marked decrease in the severity of the symptoms, and the patient made gradual and uninterrupted progress until April 20, when his recovery was established. The failure of the chloral hydrate to relieve the severe symptoms during nights, and the well-marked improvement under the influence of the urethan, seem to point to the latter being likely to prove a very valuable drug in the treatment of tetanus, either prescribed alone or as above, in conjunction with chloral hydrate.—*Lancet*.

A Shortened Cord Complicating Labor.

Dr. G. F. Harvey, of Parsons, Kans., writes: "Among the causes of difficult labor, shortness of the cord is one that does not often present itself to the ordinary practitioner. With this belief I venture a report on the following observations, hoping it may be found suggestive to those who may meet with a similar case, and induce them to adopt at an earlier period than I did a course of action which would save anxiety. Mrs. A —, of good general physique, was engaged in her second labor, the head presenting in the first position, with no unusual symptoms. The first stage passed naturally, os dilated fully, and the membranes ruptured. Strong and frequent pains set in, and continued for two or three hours without engaging the head, which was drawn with each pain toward the right side of the pelvic brim, and although repeatedly placed in position made no advance. As time passed, the patient became unmanageable from the intensity of the pain, which seemed to cen-

tre on the right side of the abdomen, where the smaller bulb of an hour-glass contraction of the uterus could be felt. This was grasped at every pain with loud cries of 'being torn to pieces,' and appeals for 'a knife to cut it out.' Under chloroform the consultant applied the forceps, but under such disadvantageous circumstances and with so much hemorrhage that I thought it safer for the patient to turn, which was done without much difficulty, except for the paralyzing effect of the uterine contractions upon the hands. There seemed plenty of room in the pelvis for the body to come down, but it took the united pull of counsel, nurse and myself, with fingers in the child's mouth, to deliver the head, which, with the placenta compressed into a ball, came out together with a noise like the pop of a cork from a jug—the release of tension being so sudden that they both fell to the floor. The cord was drawn many times round the neck of a strangled child, the free end being so short that in unwinding it the placenta swept round close to the head, being less than four fingers'-breadth long. It was thought that the short end of the cord, drawing on the placenta, excited the abnormal contraction of the right side of the uterus and caused so much agony to the mother, at the same time drawing the head out of the axis of delivery. As there was not any hemorrhage until that following the use of the forceps, it is very probable there was no separation of the placenta before that time. This was the first case of the kind that had been met by counsel or myself in an obstetric experience of nearly twenty years. Hence my starting proposition, that they are not a common complication of labor."—*Med. Rec.*

The Physicians of the United States.

In a recent directory of the physicians of the United States, published by Polk, the total number is given as 85,671, of whom 83,239 are males, and 2,432 females. This makes the ratio of physicians to population about one in 650, allowing for the increase in population since the last United States census. Maryland is the most crowded State, having but 329 people for each physician. Other crowded States are Colorado, 341; Indiana, 396; Oregon, 353. All the remaining States are above 400. New Mexico has relatively fewer physicians than any other State or Territory, with 1,494 people to each medical man. The remaining States and Territories

coming above the one thousand mark are Utah, 1,035; North Carolina, 1,029; South Carolina, 1084. Ohio has 502, and Kentucky 551. There are relatively more physicians in Ohio than in either Maine, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, or Pennsylvania. Taking the table before us a guide, the "vacancies" exist in New England rather than in either the Central or Western States. There are relatively more physicians on the Pacific coast than on the Atlantic.—*Med. Record.*

Fixation of a Floating Liver Tumor.

A case is described by Von Hacker, from Billroth's clinic, of a young woman who had suffered for a year from febrile symptoms, accompanied by vomiting. For the past five months she had noticed a small hard tumor, which was gradually increasing in size. It was situated in the right hypochondrium. As she was reduced to a mere shadow by the attacks of fever, vomiting and great weakness, and as she was quite unable to eat on account of the sensation of sinking and faintness which she experienced as soon as she put any food into her stomach, an operation was decided on. The liver dulness extended from the right mammary line almost back to the spine. The lower part of this dulness seemed to be composed of a readily movable tumor, about the size of one's fist, which moved freely with respiration. This turned out at the operation to be a separate liver lobe, which was attached to the general mass of the liver by a hard, callous bridge of tissue. This was fixed to the body wall, as it was deemed a less serious operation than removal. The patient made a good recovery in four weeks.—*Exch.*

Kola.

Dr. N. Hudson reports the following case of heart disease in which the good effects of this drug were manifested: A lady, aged thirty-six, who had suffered from rheumatism eighteen months previously, came under observation with symptoms of mitral regurgitation. The action of the heart was feeble and irregular, and there was a good deal of dyspnoea, faintness, and fatigue even upon slight exertion. She had always been subject to occasional headaches, and these had become periodic and severe, occurring about twice a month, each attack lasting about three days. The urine contained

a diminished amount of urea and a few granular casts. She was ordered kola paste, taking 10 grammes once or twice daily in hot milk. For nine weeks there was no return of the headache, and then upon suspension of the drug (owing to her improvement) a mild attack of headache ensued. The general condition was by this time much improved, the heart's action was more regular, and the attacks of faintness and dyspnoea had nearly disappeared. The most characteristic effect was an immediate relief of the sense of fatigue; and the employment of the kola seemed to satisfy the appetite, as whenever taken it appeared to serve as a substitute for the next meal. She gained weight during the treatment, but the urine remained unchanged. In this case caffeine and convallaria had already been tried without any effect, and the benefit derived from digitalis had only been of a temporary character.—*Pract.*

Stinkapathists, their Faith and Practice.

Classification is a great thing. To arrange in a convenient manner the separate items of our knowledge on any subject, calls for our best analytical and synthetical powers. Aside from dermatology, the proper classification of doctors most perplexes the medical profession and the laity. True, we may divide into two classes—regular and irregular—the entire mass; but here again there is a difference of opinion as to the characteristics of either. With each individual doctor he is regular who follows the speaker's belief and practice. But our object is not to discuss this subject, only to direct attention to a description of one class of doctors, as given by Dr. Raymond in the *Miss. Valley Med. Monthly*, Feb. 10, 1886. Concerning the "stinkapathists," he says it makes no difference when or where they graduated, or whether they had graduated at all, they all practice in the same general way, and their confession of faith and practice is about thus:

1. When a physician has located in a place he should advertise himself in every conceivable way; let him practice a year free for some blatherskite newspaper editor to get him to blow for him. He should sign his name with F. R. S., M. D.

2. A physician should never, under any circumstances, or for any consideration, allow himself to speak favorably of any other doctor, and if some one else does so in his presence, offset the remark as far as possible by one of his own.

3. If a neighboring physician happens to lose a couple of cases of diphtheria, it is the bounden duty of any struggling stinkapathist to remark in the right place, in a casual way, that he is sorry for Dr. Blank's misfortune, and then add, that since adopting the new treatment, he hasn't lost a case from the disease.

4. If a physician is called accidentally, or through the courtesy of another doctor, to consult in a case of simple remittent fever, he should examine the case a long time, and ask about eleven hundred questions which he knows from the nature of the case, and the good sense of the physician in charge, have not been asked, and when he has ascertained what the treatment has been, it shall be his duty to suggest a change, at any rate. If the physician in charge is giving sulphate of quinine, suggest the bromide of valerianate; and he should always make it a point to have these things somewhere about his old clothes, as the patient might recover entirely before the prescription could be sent for.

5. When a physician is called to consult in a case of puerperal fever, for instance, and the patient is not likely to recover under any plan of treatment, and the consulting doctor fails to get an invitation to treat the patient farther in connection with the physician in charge, he should go about town and tell every body he can that the patient is not dangerously ill at all, and will be up in a few days if properly handled.

6. If a physician is called to consult in a case of cerebro-spinal meningitis, and the patient is in *articulo mortis* when he arrives, he should not examine at all, but take in the situation at a glance, remembering that his opportunity for "turning a Jack" in the case will not last long enough to find out what he hasn't done. Then it shall be his duty to pull off his coat, push up his sleeves and go to work. He must order water heated, and a tub full of cold from the well or cistern, put some bricks in the fire, go into his saddle bags, if he be a country physician, and get out something and give it to the patient, get out his hypodermic syringe, but don't use it, give the patient half a pound of epsom salts if he can swallow. Send a fellow five miles for a big old-fashioned syringe, and another for some whisky, and by this time the patient is in paradise. The physician shall then make sure of death, slowly gather up his instruments and things, and sorrowfully bid his audience adieu, and tell some one he may meet as he goes away that he was too late.

When you find a doctor who adheres religiously to such rules, you have a genuine uncomplicated case of cussedness that is past the art of man to cure, no matter where he hails from, to what school he belongs, how large his practice, or what hold he may have upon the hearts and pockets of the laity. And to talk to him about being honorable is like singing psalms to a deceased horse.—*Am. Lancet.*

Pork as Food—the Two Parasitic Evils Developed in the Tissues of Hogs.

The prejudice against the flesh of swine as human food is as old as history. If it has any foundation in nature besides the filthy manner in which the hog is generally kept, it is because the hog is more subject to disease, or at least to a certain class of diseases, than other domestic animals. Its omnivorous appetite makes it liable to certain diseases from which the exclusively vegetable-eating animals are comparatively, if not entirely, exempt.

The two evils most complained of are tape-worm and trichina—both parasitic. Both of these are developed in the animal tissues, and it is very doubtful if they ever afflict animals that do not eat animal food, or in some way get animal products into their stomachs and intestinal canals.

The tape-worm, when encysted in the tissues of the hog, has the name of measles—though wholly unlike measles in the human species—the pork containing these encysted worms is known as “measly pork.” When taken into the human stomach, they are liable to develop there in the form of the loathsome creature known as tape-worm. This is not necessarily fatal, but very annoying. In modern times, it is successfully removed by the skillful physician, without pain or injury to the patient.

Trichina is a parasite much more to be dreaded even than the tape-worm. It is liable to infect the human system in such numbers as not only to be very painful, but fatal, and we believe there is no known remedy. It is encysted in the flesh of the animal, in a dormant state, like the tape-worm. When the trichina enters the human stomach, it attaches itself to the mucous membrane, and there awakens to all the activity of breeding thousands, if not millions, of its kind. These young trichina at once start out to find a place in which to encyst themselves for a dormant rest, and await a resur-

rection by having the flesh in which they are imbedded eaten by some animal, brute or human, when they will repeat the roll of their progenitors.

It is when passing from the stomach and intestines to the muscles that the trichina give such pain, and frequently cause death. Pushing their way through the tissues, they cause great irritation and inflammation, resulting in death when the effects become unendurable. While in this active state of migration, seeking a home, they are as liable to be found in one class of tissues as another. Hence, lard that has not been exposed to a heat of at least 212 degrees Fahrenheit is just as likely to contain them, if the animal was killed when the trichina were in a state of activity, as in any other part or product of the hog.

The only way to avoid the evil and suffering from tape-worms and trichina is to either wholly abstain from eating pork, or to be sure that it is thoroughly cooked so as to destroy the vitality of the encysted parasite. The muscle of the hog makes exceedingly palatable food, and many enjoy eating the fat. In spite of all the terrors and drawbacks, pork is a common and popular article of food. So long as animal flesh continues to be eaten by man, we presume pork will be eaten. As there is no cure for one of the diseases imparted by it, the safety of the public health demands that hogs be kept in a cleanly manner, fed only vegetable food, and such animal products as belong to the dairy, and that the meat—of all kinds, as for that matter—shall be sufficiently cooked to destroy all animal life. Nothing less than subjecting every particle of it to a heat of at least 212 degrees will do it.—*National Live-Stock Journal*.

Uses of Borax.

A cup of powdered borax on your wash-stand will do wonders in the way of softening the skin. If you have been working in the garden, or doing anything about the house which has tended to make your hands rough, when you wash them dip your fingers in the borax and rub your hands well with it. Borax (pulverized) sprinkled plentifully around the haunts of water bugs will drive them away. Cockroaches also will yield to this treatment and depart. The safest and best thing also for washing the hair is a moderately strong solution of borax in water. Pure water should be used immediately after washing with borax and water.

The washerwomen of Holland and Belgium, who get up their linen so beautifully white, use refined borax as washing powder instead of soda, in the proportion of one large handful of borax powder to about ten gallons of boiling water. They thus save in soap nearly half. All the washing establishments adopt the same mode. For laces, cambrics, etc., an extra quantity of the powder is used, and for crinolines (requiring to be made stiff) a strong solution is necessary. Borax, being a neutral salt, does not in the slightest degree injure the texture of the linen; its effect is to soften the hardest water, and, therefore, it should be kept on every toilet table. To the taste it is rather sweet, but not at all unpleasant; is an excellent dentifrice, and in hot countries is employed in combination with tartaric acid and bi-carbonate of soda as a cooling beverage. Good tea cannot be made with hard water; but all water may be made soft by adding a teaspoonful of borax powder to an ordinary kettle of water, in which it should boil. The saving in the quantity of tea used will be at least one-fifth. Our lady readers who have not used borax have been losing a great help and comfort. If once tested, none will be without it on the toilet table. It removes stains and dirt from the hands better than soap, and at the same time softens and smooths the skin. It is excellent for washing laces, and will, without injury, cleanse brushes and combs in a few moments. It extracts dirt from articles of delicate texture without rubbing, it being only necessary to put them to soak in a solution of borax over night, and to rinse them in the morning. Two tablespoonfuls of pulverized borax dissolved in a quart of water, to which add enough water to cover a pair of blankets, will cleanse them beautifully. It also saves great labor in washing paint.—*Hall's Journal of Health.*

Action of Hamamelis Virginica.

The great sale and mysterious properties of hamamelis have led Drs. John Marshall and H. C. Wood, of Philadelphia, to undertake an investigation of the drug. The results which they have reached are in accord with those of Dr. Hector Gay, of Paris, who came to the conclusion, as the result of numerous experiments, that hamamelis virginica is not toxic; that it has no special physiological action on the vascular system; and that it contains no alkaloid. They show

that there is a very large percentage of tannic or gallic acid in the fluid extract; and the results which have been obtained by some physicians, by the use of this fluid extract in cases of hemorrhoids and varicose veins, are apparently explained by the presence of the astringent principle. The tannic acid of course would not come over in the distillation; therefore the much-used and still much-lauded witch-hazel, or the so-called distillates of witch-hazel, must depend for their virtues, say Drs. Marshall and Wood, upon the alcohol which they contain and the faith which they inspire.—*Therapeutic Gaz.*

Sleeplessness.

Dr. J. Milner Fothergill says of sleeplessness: "One broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation. Opium, having a pronounced effect upon the sensory portion of the brain as an anaglesic, is the drug par excellence in sleeplessness due to pain. Whenever there is a morbid condition in tense tissues, as syphilitic node for instance, pain on going off to sleep is set up by that dilation of the system generally which is essential to brain depletion. The effect of pain is to arouse the brain into wakefulness. Where such a complication exists, it is well to combine the opiate with some potent depressent of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end."—*Brief.*

Method of Inducing Labor.

Prof. Tibone suggests a modification of the method of Krause, which is, as is known, the introduction of an ordinary sound into the uterus, leaving it there until labor is established. Tibone's method is as follows: After taking all antiseptic precautions, the cervix is brought into view by means of a speculum and then a special kind of sound is introduced. The author prefers the plain English bougie, No. 10 or 12. The bougie is held a moment in a warm mercurial solution and is gradually softened; it is then introduced into the cervix, and slowly and gradually pushed up until it has entirely disappeared inside the womb. There is then placed

upon the mouth of the womb a large tampon of cotton soaked in an antiseptic solution; the patient may then get up and keep about until the appearance of labor. This method is perhaps a trifle slow, but is sure, and on account of the softness of the instrument used there is no exposure to violent rupture of the membranes or to serious injury of the placenta. The author has used this method repeatedly, and always with satisfaction.—*L'Union Medicale*.

Spasmodic Stricture

Dr. E. A. Lewis, of Brooklyn, writes: "Several weeks ago a strong, healthy mechanic, about thirty years of age, applied to me for relief, saying that a piece of meat was stuck in his gullet. He could take one swallow of water and retain it. Two swallows he held with difficulty. Three swallows were instantly regurgitated, and sometimes regurgitation (not vomiting) followed the taking of two swallows of any fluid. He said he was hungry and thirsty, and wanted to be relieved. I passed an œsophageal bougie into the stomach without meeting the slightest resistance, but the patient could not retain fluid any better after it. The regurgitation occurred as before. As he could not swallow, or rather retain, anything, of course I could not give him medicine of any kind by the mouth. I tried apomorphia, hoping to make him vomit, but it failed. I gave him an anodyne mixture, of which he was to take a few drops every half hour. About two hours after leaving my office he felt something give way inside of him, as he said, and immediately proceeded to eat a hearty supper. He was perfectly well before and has been since. Was it spasm of the lower part of the œsophagus?"—*Ex*.

The Cure of Traumatic Tetanus.

Dr M. E. Alderson, of Russellville, Ky., referring to a newspaper report of a reputed cure of traumatic tetanus, writes: "To show, in addition to other reports I have seen, that this was not the 'only case of cure of traumatic tetanus in the world,' allow me to refer to a case reported by myself in the *Therapeutic Gazette*, August number, 1881, page 287. It was a well-marked case of traumatic tetanus, which recovered under chloral hydrate and bromide of potash, twenty-five grains each every two hours, and gradually discontinued.—*Med. Record*.

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Strychnine, 1-20 gr.
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The above combination is one of Dr Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil Anticonstipation.

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Each tablet contains one grain of mercuric iodide. The soluble iodide of mercury is stated to be at least twelve times as active a germicide as corrosive sublimate.

One of the tablets, therefore, dissolved in eight ounces of water, will make a solution equal in germicidal powder to a solution of corrosive sublimate 1 to 300.

This solution may be used for disinfecting sponges; for an antiseptic wash or dressing; for intra-uterine injections in septic metritis; or in the form of spray for the treatment of diphtheria. Weaker solutions may of course be made, if desired, and wherever a disinfectant solution is needed in medical and surgical practice, these tablets will be found to admirably meet the indications.

ANTISEPTIC COLOGNE.

COMBINES the properties of an active disinfectant with those of a refreshing and agreeable perfume. The active constituents of this preparation are thymol, oil of eucalyptus and mercuric chloride, combined with a cologne of superior quality. The utility of this preparation is at once apparent. Nearly all the disinfectants in common use, which have any real value, are limited in their uses about the house, and especially in the sick room, by their disagreeable odor.

In the sick room this preparation may be employed in the form of a spray, with an ordinary perfume atomizer to overcome disagreeable odors. Of course this must be merely as a palliative; the air must be kept pure besides by free ventilation.

Surgeons and physicians will find it to meet several important indications when they are attending patients suffering from infectious diseases. It is useful as a disinfectant for the hands in cases of infectious diseases, or to remove the odor of Labarraque's solution, which is often employed for the same purpose. In gynecological and obstetric practice, such a preparation as this is of especial service.

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ASATURATED solution of the chlorides of zinc, aluminium, magnesium, calcium and sodium, containing as much oil of eucalyptus and oil of wintergreen as it is capable of taking up. A powerful anti-septic and antizymotic, adapted to a great variety of uses. Being colorless and free from disagreeable odor, it may be employed about the house and in the sick-room, where many equally efficient agents would not be admissible. Its value in cellars, drains, outhouses, etc., depends mainly on its antiseptic and deodorizing properties. It has also an ozonizing action dependent upon the oil of eucalyptus it contains; but this is of subordinate importance, as is also the antizymotic influence of the methyl salicylate it contains, as a constituent of the oil of wintergreen. In the sick room it is useful as a disinfectant for the hands of attendants, etc. The solution is colorless, and does not stain the most delicate fabric.

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EDITORIAL.

Good-bye.

Good-bye. We mean by this expression that our connection with **THE AMERICAN MEDICAL JOURNAL**, and the pleasant intercourse that has existed between the Editor and its readers for nearly fourteen years, ceases with this issue. This Journal enterprise was commenced under rather discouraging circumstances, and for a time it proved an unprofitable undertaking, but for several years past it has proved satisfactorily remunerative.

It required much thought and a great deal of hard work to place this journal where it now stands—on a paying basis, and among the foremost of the reliable, practical and progressive medical journals of this country. And it requires the same kind of enterprise and labor to keep up this standard, and continue the Journal to the profit of the publisher and interest of its readers. With other responsibilities that have naturally come upon us, we find that we have too much work to do, and must give up something. Much as we love **THE AMERICAN MEDICAL JOURNAL**, we have concluded to give it up, and from this time forward our Prof. Younkin will manage it. As we hand it over to him, we deliver with it our very best wishes, and have no hesitancy in expressing our full confidence in its future success. Prof. Younkin is educated, experienced and qualified in every way to make the Journal a success, and we hope all our old subscribers will encourage him with prompt renewals, and that hundreds of new names will be added to the list within one year.

To our advertisers we would say this: You will find the new Editor and Publisher to be a square man, and we shall be glad to see all our old patrons renewing their contracts as they expire.

And now, as we part with the Journal and its readers, we again say good-bye, good-bye.

GEO. C. PITZER, M. D.

Milk Diet for Articular Rheumatism.

The fever of acute rheumatism generally lasts two or three weeks, and consequently, either from the time it lasts or on account of the rise of temperature, causes an enormous consumption of blood corpuscles, which produces profound anæmia in the patient. The

fall of temperature is the best criterion of the cure, and coincides exactly and constantly with the disappearance of the pains.

M. Bigot, in the *Revue Mensuelle de Médecine et de Chirurgie*, gives some clinical facts observed at the Hotel Dieu, at Lyons, on this subject. The deductions and conclusions drawn by M. Bigot touching the nature of acute articular rheumatism, and the efficacy of the milk regimen in the course of this affection, are based on a number of analyses of urine, made as completely as possible, since they give the amount of the total nitrogen, of the urates, of the total chlorides, and of the phosphoric and sulphuric acids.

The tortures endured by patients suffering from articular rheumatism are in themselves alone of a violence and tenacity sufficient to induce the physician to endeavor to oppose to this disease a treatment which would unite the three qualities, *Cito, tuto, et jucunde*. The milk diet seems capable of fulfilling this desideratum. The therapeutical views of M. Bigot on the subject may be thus summarized:

The milk diet causes the temperature to fall rapidly below hyperpyrexia, and simultaneously assuages the pains in a period varying from three to eight days. The effects from these two points of view are more prompt and more powerful if the patient be submitted to the milk regimen at the outset of the affection. This milk regimen, without overcharging the stomach or raising the temperature, by its nutritive power and its facility of digestion, prevents in a great measure that characteristic and generally troublesome anæmia left behind by attacks of rheumatism. Besides these general effects, milk diet has a special action on the urinary function, which is clearly indicated in rheumatism. Milk strongly favors the elimination of all the waste principles accumulated in the organism; its exclusive use causes both the quantity of urine excreted in twenty-four hours and the quantity of all the saline principles dissolved in this liquid to increase rapidly. Density, on the contrary, experiences a proportionate decrease. The impetus given to the urinary function by a milk regimen allows a glimpse of the nature of rheumatism, its near and intimate causes. The analysis of urine seems to show that there is an accumulation of urates or uric acid in the organism of rheumatic sufferers, and that its diminution under the influence of milk is not one of the smallest benefits of this regimen.

Prospectus of The American Medical Journal for 1887.

With the next issue begins the Fifteenth Volume of **THE AMERICAN MEDICAL JOURNAL**, and with it a change has been deemed necessary. For the last fourteen years Professor Geo. C. Pitzer has had the exclusive control of the editorial and business management of its pages, and its present status is due to his indefatigable labors. On account of the press of his professional duties, Dr. Pitzer feels compelled to relinquish his editorial efforts, and hence he bequeaths to other heads and hands the future work of this Journal.

It is with some degree of reluctance that I consent to accept a position so responsible and so onerous. I feel that a successful issue must depend much upon both mental and physical energy, and that in my professional duties I have already a demand for what little stock I have on hand. Perhaps some dormant energies may be in reserve for a more thorough devotion to the cause of rational medicine and surgery; yet I do not enter with exalted hopes of large pecuniary gain, nor for the blissful rewards of an editor's heaven.

Feeling my own misgivings, I shall depend neither upon my own weakness nor strength, but upon the strength of others. No one man can make a medical journal. It must be by the combined wisdom and intellect of many. We therefore ask for the hearty co-operation of all.

We desire to marshal the forces, and call out what good we can from the whole medical profession. We want the help of the strong and the weak; we want your subscriptions; we want your contributions of original articles, essays, reports of cases, medical and surgical, and your reports on drugs. In fact, everything of interest to the medical profession. We care not for the long and theoretical, so much as for the short and practical. Direct your thoughts to the point, and give them in your own language. We intend **THE AMERICAN MEDICAL JOURNAL** to be a journal for the profession, and intend that each subscriber shall have enough personal stock in it to feel free to try and make it better.

We mean to take no narrow views of things. To be eclectic is to be cosmopolitan; hence our restrictions will be placed only upon the short ends of bigotry and downright obstinacy.

Let there be light, and let that light shine upon the medical profession, as it first burst upon the physical world when God called it out of chaos.

An able corps of contributors has been secured for 1887, so that the reader is promised for his money as good as the profession affords.

The subscription price will be as heretofore, \$2.00 a year, in advance. We prefer to add to the literary value of the journal, rather than to reduce the price, or to deteriorate the value of its contents.

To all persons sending us two subscribers prior to 1887, one of which shall be a new one, and \$3.00, we will send the Journal for 1887.

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Any person sending us forty subscribers and \$80.00, shall receive a ticket entitling him or her to One Course of Lectures in the American Medical College. This ticket is worth \$75. The subscribers to be obtained by July 1st, 1887.

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All communications relating to the business or editorial management of THE AMERICAN MEDICAL JOURNAL should, hereafter, be addressed to

E. YOUNKIN, M. D.,

1015 Garrison Ave.,

St. Louis, Mo.

Editor and Publisher.

BOOK NOTICES.

MEDICAL AND SURGICAL DIRECTORY OF THE UNITED STATES. Published by R. L. Polk & Co., Detroit, Mich., 1886. Price \$7.00.

The publishers of this book deserve much credit for their great undertaking in placing in a single volume the names of the 85,671 physicians and surgeons of the United States, together with their school of practice, where and when graduated, post-office address,

etc., all arranged alphabetically and of easy reference. This is a task never before completed, and so far as we are able to determine, the work has been accurately and well done. The book is not too large, and comprises nearly fifteen hundred pages. Its usefulness at once becomes apparent to all. Aside from the pleasure of hunting up old acquaintances and companions, it is a necessity in a business point of view.

WOOD'S LIBRARY OF STANDARD AUTHORS, 1886. Twelve volumes. Price \$15.00. Published by Wm. Wood & Co., New York.

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By Dr. Herman Eichhorr, Professor of Special Pathology, Therapeutics, and Director of the University Medical Clinic in Zurich.

This is Vol. II. of Wood's Library. It comprises 361 pages, and 106 wood-cuts. The name of the author, his position and reputation, commend this book to all who desire to interest themselves on the digestive, urinary and sexual organs.

DISEASES OF THE NERVES, MUSCLES AND SKIN.—By Eichhorr.
Vol. III. of Wood's Library.

This is an exceedingly interesting volume of 390 pages and 157 wood-cuts, giving location of nerves, expressions of paralyses, the etiology, symptomatology and treatment of the brain, cord and muscles, as well as a brief on diseases of the skin.

THE NATURE, PATHOLOGY AND TREATMENT OF RHEUMATISM.—By T. J. MacLagan. Octavo, 285 pages, Vol. IX. of Wood's Library.

This is a good book on this subject, and the author seems to be up with the times.

DISEASES OF THE STOMACH AND INTESTINES.—By Prof. Dujardin Beaumetz, Physician of the Cochin Hospital, Member of the Academy of Medicine and of the Council of the Hygiene and Salubrity of the Seine, Editor-in-chief of the *Bulletin general de Therapeutique*. 389 pages. Wood's Library.

The author of this book is favorably known as a clinical teacher the world over, and for the last sixteen years has been identified with everything progressive in therapeutics. This work has gone through four editions in France, and has been translated into Italian, Spanish and Russian. The translation of the American edition is from the fourth revised French edition, which appeared in 1885. Dr. Dujardin Beaumetz is a voluminous writer. His earlier writings on the diseases of the spinal chord attracted much attention at the time, and he is still held as an authority on several subjects. He has of late years turned his attention largely to new remedies in therapeutics. We give special mention to his researches on gelsemium, pelletierine, boldo and phosphorus. I mention these facts in regard to the author, as our readers prefer to know that the writer is up with the progress of the age.

A TREATISE ON ELECTROLYSIS AND ITS APPLICATION TO THERAPEUTICAL AND SURGICAL TREATMENT IN DISEASE.—By Robt. Amory, A. M., M. D., formerly Professor of Physiology in the Medical School of Bowdoin College. Wm. Wood & Co.

This volume is neatly gotten up, the subjects well illustrated, and will be interesting reading on electrolysis.

WORKS OF HIPPOCRATES. Translated from the Greek, with Preliminary Discourse and Annotations.—By Francis Adams, LL.D., Surgeon. Vol. VII. of Wood's Library for 1886.

We don't read Hippocrates as a modern author, but modern authors and doctors might read Hippocrates with some profit, nevertheless. One of the aphorisms of Hippocrates reads: "About the time of the dog-days, and before it, the administrator of purgative is unsuitable." In this country I presume we might substitute election days for dog-days.

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A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY.—By Prof. R. A. Withans, A. M., M. D. Published by Wm. Wood & Co., New York.

This is a small work of 73 pages, clearly written, well arranged, and very convenient for the laboratory student. Price not stated.—Y.

MISCELLANEOUS PARAGRAPHS.

Belladonna in Sterility of Females.—By J. HARRIS JONES.

There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who were never pregnant as to the cause of their barrenness. Apparently, they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that, after taking the medicine for some weeks, they become pregnant. I have seen this happen so often that I am constrained to regard the

occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitalia become more relaxed, and the os and cervix uteri somewhat softened and pliable, during the treatment.—*Ind. Med. Journal.*

Notice to Subscribers, Advertisers and Exchanges.

As Prof. Younkin now takes charge of THE AMERICAN MEDICAL JOURNAL, all renewal subscriptions should be sent to him, and all communications regarding new advertisements or the renewal of contracts should be addressed to him.

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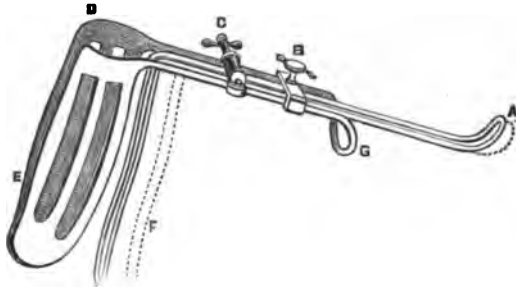
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A Remedy for Endocervicitis.

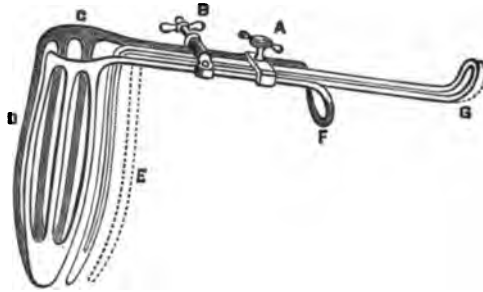
Dr. J. C. Kirk, in a communication to the *Practitioner*, states that there is one condition of the cervix uteri which resists all ordinary methods of treatment. I refer to that obstinate form of endocervicitis in which a discharge quite similar to the white of an egg is poured out in great quantities. In all forms of cervical catarrh this secretion is produced more or less, but in the form I refer to the glands are remarkably active and produce immense quantities of this discharge. As said before, the ordinary forms of astringent and caustic applications will not cure this condition. I have found but one remedy that will cure these cases, namely, an aqueous solution of chromic acid (3j.) to aqua (3j.). Four or five applications of this remedy, at intervals of a week, usually suffice.—*Archives of Gynecology.*

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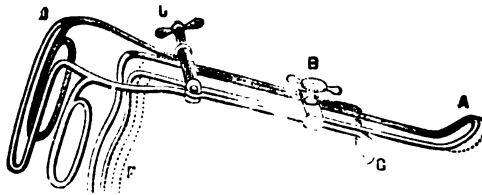
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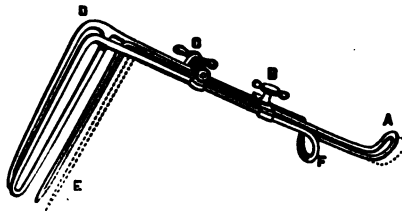
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Uses of the Pancreas.

Dr. C. Coleman Benson, in a communication to the *Medical World* on this subject, says as follows:

The secretions of the various glands, especially those of digestion, if properly understood and dealt with in their normal capacity, can be utilized as restorative and sedative agents in nerve-tissue and muscular derangement of the intestines, and also in general debility from non-absorption, irritation and anæmia.

The pancreas has a special centre in the medulla, which controls its secretion; the nerves supplying it proceed from the splenic, hepatic and superior mesenteric plexuses. Its juice is secreted intermittently, and enters the alimentary canal by the same orifice as the bile. It is a thick, transparent fluid, sparingly secreted, colorless and tasteless, and has a strong alkaline reaction. It contains so much albumen, that on boiling it coagulates, and its albumen is precipitated by all mineral acids. The gland is most active two hours after food; then it secretes more slowly, and again becomes more active from about five to seven hours after a meal.

Although secreted in small quantity, the pancreatic juice is one of the most important of the digestive fluids, for it contains three hydrolytic ferments, viz.: a peptone forming ferment, trypsin; a fat splitting ferment, steapsin; and a diastatic ferment, amylopsin.

1. Trypsin converts proteids into globulin, and then into peptones; but this action takes place in an alkaline fluid only, and is of a corrosive nature—for albumen subjected to its action does not swell up, as it does with gastric juice, but is slowly eaten away. The peptones, however, are only half consumed by the trypsin, while their remaining half is converted into leucin and tyrosin; but when derived from fibrin and gluten, asparaginic acid also appears, and if the action of trypsin be protracted it leads to the formation of the foetid substances named indol and phenol.

2. On fats the pancreatic juice exerts a double action; it converts them into an emulsion and then decomposes them, with the absorption of water, into glycerine and the fatty acids. Two parts of pancreatic juice are required to emulsify one part of fat. After complete decomposition by the agency of steapsin, the fatty acids form soaps with the alkali of the juice of the intestinal fluids.

3. On starch the action of the pancreatic juice resembles that of

saliva, but it is more energetic, the amylopsin it contains acting not only on boiled but on raw starch, converting them into dextrin and grape sugar.

The salts of mercury in small doses stimulate the pancreatic secretion, while atropine arrests it.

Influence of Mental Impressions on the Fœtus.

Fordyce Barker recently read a paper on this subject, at the American Gynecological Society's meeting. He related the case of a young lady who was so profoundly affected by seeing Sothorn play Lord Dundreary that her first boy, born four years later, exhibited peculiarities resembling those of his lordship.

Another case was that of a lady typically brunette; who married a typical blonde, but was never impregnated by him. After his death she married the "dark young man," a gentleman as marked a brunette as herself. Her first child was a decided blonde, the two subsequent born being brunettes.

The third case was that of a lady who, during the first month of pregnancy, had been much worried over her daughter having her ears pierced. When the babe was born, both ears looked as if they had been pierced, and through one a thread could be passed.

The fourth case was that of a lady who, at an early period of pregnancy, was much impressed by seeing three ladies with hair-lips. When the child was born it had a double hair-lip.

A lady married but a few weeks was at the theatre with her husband. Something vexing him, he placed the point of his elbow on her hand; and held it so firmly that she fainted. The fingers were much swollen and painful for several days. She never lived with her husband afterwards. Two hundred and forty-eight days after this she gave birth to a son. On the left-hand, parts of all the digits were absent, as if they had been amputated.

[My case is even more remarkable than any of these. A lady during the early part of her pregnancy went one day into her pantry. The room was ill lighted, but she saw on a barrel a large, strange black cat. In its efforts to escape, the animal sprang directly in her face, where it fixed its claws. This was too much for the lady, and with one shriek of fear she fainted. From that day to the end of her pregnancy she was possessed with an immovable conviction

that the results of her adventure would be manifested in the person of the child. The day came; the poor mother went through the agonies of parturition, aggravated by her dread, and when the child was born there wasn't anything abnormal about it!

I am morally certain that I never attended a primipara who had not some grounds for believing there would be something terrible the matter with her baby, and I never yet have seen the sinister predictions fulfilled. Much of this painful apprehension is due to such unwise and unscientific tales as that of Dr. Barker, which will undoubtedly be repeated in many a boudoir, and pale the cheek of many a prospective mother. Who is to tell them that if Fordyce Barker, in his long and busy professional life, has met with but five such cases, they really prove that they can be but accidental coincidences.—ED.]—*Med. World.*

Obstruction of the Bowels from *Ascaris Lumbricoides*.—By A. J. PARKER, M. D., Dibrell, Tenn.

I was called Sept. 14, 9 A. M., to see John M., age three and a half years. Previous good health, except occasional attacks of diarrhoea, during which three round worms were passed. Found him suffering pain in the right inguinal region. Tenderness on pressure over the seat of pain, but owing to the resistance of child I could not feel any tumor there. Pulse 110, respiration hurried, slight fever, features pinched. I gave a large enemata, directed warm baths, and prescribed the following:

R. Calomel, 10 gr.; Santonine, 2 gr. M. ft. Cap. 2. Sig: Take five hours apart. Also, R. Morph. Sulph., 1 gr.; Aquæ, 23. M. Sig: Teaspoonful every hour, if suffering pain.

Sept. 15, 10 A. M. Six enemata have been given since last visit, but no fecal evacuations have been elicited. Tenderness increased; bowels tympanitic; vomits often; pulse 130; respiration short and hurried; some fever; no relief from pain, except while in bath. Gave enemata, with hips elevated, and used compress to retain it for a few moments. Continued enemata every hour, and morphine every two hours; bath every two hours. Gave castor-oil, one ounce.

Sept. 16, 6 A. M. All symptoms exaggerated. Same treatment continued. Patient died at 11 A. M. same day.

Sectio cadav., twenty-two hours after death: Ascending colon

healthy. A few worms in the cæcum. Eight inches of inferior extremity of ileum filled to its utmost capacity with round worms, which were wound up in balls or knots, completely obstructing the ileocæcal passage. The peritoneal coat of the gut was much inflamed.—*Med. Brief.*

The Digestion of Milk.

Dr. M. Reichmann, of Germany, draws the following conclusions from a number of elaborate experiments as to the digestibility of milk in the human stomach: 1. Boiled milk leaves the healthy stomach more rapidly than an equal quantity of unboiled milk. 2. The digestion of boiled milk is more rapidly accomplished than that of unboiled milk. 3. The coagulation of unboiled milk in the stomach is complete in five minutes. 4. The coagulation is not caused by the acid of the gastric juice, but by the influence of a special ferment (milk-curdling ferment). 5. The acidity of the gastric juice is at first due almost solely to lactic acid, and, later in the process of digestion, to the presence of hydrochloric acid. 6. Hydrochloric acid first appears in perceptible amount forty-five minutes after the ingestion of half a pint of milk. 7. For the first hour and a quarter after the ingestion of milk the acidity gradually increases, and then decreases until the milk has entirely left the stomach. 8. The curds of casein in digestion of boiled milk are much softer than in the case of uncooked milk.—*Med. World.*

Dysentery.

Dr. Samuel H. Singleton (*Miss. Valley Med. Monthly*) says:

"If called to a case of dysentery within twenty-four hours after the attack, and I find tormina and tenesmus very violent, which is generally the case, dejections mucous and bloody, I prescribe three grains of quinine every three hours, hot meal poultices to the bowels, and a tablespoonful of the following mixture every two hours: R. Sulph. magnesias, ʒiv. ; tinct. opii, ʒijss. ; arom. sulph. acid, ʒjss. ; water ad., ʒiv. M. Generally, after the third dose of this mixture has been given, all of the above symptoms subside, the stools become serous and are passed without pain. In fact, a diarrhœa has been substituted for the dysentery. When, in spite of the above treatment, the bloody dejections continue, mixed with pus,

termina and tenesmus more frequent, asthenia rapidly supervenes and collapse is imminent, a pill given every two hours of the following formula has wrought wonders in my hands: *R.* Pulv. opii, iodoform, aa gr. j.; zinc. sulph., gr. ij. *M.* I have treated twelve cases of dysentery with iodoform in the above combination, seven last season and five this season, and my experience has been highly gratifying, every case having been pronounced out of danger or convalescent before the seventh day of treatment, a majority of them before the fifth day."

Iodoform in Neuralgia.

A mixture of one part of iodoform to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one or two millimeters, is said by a writer in the *Neurological Review*, to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation.—*Weekly Med. Review.*

Pruritus Vulvæ.

For pruritus vulvæ, due to erythematous inflammation, Professor Parvin laid down the following plan for treatment: *R.* Argenti nitris, gr. vj.; aquæ dest., f3j. *M. S.* Paint parts with solution once or twice daily. If this cannot be applied, direct the application of saturated solution of borax by means of cloths or sponge, taking care to separate the labia well during the application. Hot water is also an excellent remedy.—*Coll. and Clin. Record.*

Idiosyncrasies.

A number of instances of idiosyncrasy in regard to drugs are related in the *Therapeutic Gazette*. One case was that of a gentleman who suffered from violent diarrhoea whenever he took any morphine. This man's father was in the habit of taking paregoric as a laxative; one teaspoonful of this preparation, taken at night, would always produce soft evacuation in the morning. A resident surgeon at the

Pennsylvania Hospital was obliged to resign, because whenever he went to work in the surgical wards he became afflicted with a crop of boils. He afterwards found that this was due to emanations from the turpentine which was used for cleaning the skin of patients after adhesive plaster had been applied. Another curious idiosyncrasy was in a lady who suffered from fainting fits whenever she ate butter. She once took a tablespoonful of mashed potatoes, in the centre of which, unknown to herself, a piece of butter had been placed. In a few minutes she fell off her chair in a swoon.—*Med. Record.*

Cocaine.

Cocaine injections (four per cent solution) are highly useful in suppressing the pain of acute gonorrhœa, chordee, and "ardor urine;" in the introduction of the catheter and caustic injections; in the pain of blenorragia in the female (by means of a tampon impregnated with the solution); in examination of the bladder by means of the endoscope and bougie; and in the excision, cauterization and removal of condylomata and other products of syphilis.—*Med. World.*

Tincture of Lobeliæ Inflatæ for Asthma.

Dr. Nunes has used as much as fifteen grammes of the tincture as a dose, without any bad effect. For asthma, he uses, with great success, the following: R. Ammonii benzoicii, 10 grammes, tinctura lobeliæ inflatæ, 30 grammes; aquæ distillatæ, 200 grammes. M. S. Twice daily one tablespoonful.—*Virginia Med. Monthly.*

Iodol.

∑. Iodoform, so long in popular favor as a surgical dressing, is likely now to give place entirely to the tetraiodo-pyrrol known as Iodol. It is said to be entirely free from the danger of any sort of toxic effects, no matter how extensively applied. It may be freely used as a snuff in cases of syphilitic or tuberculous rhinitis.—*Progress.*

Cardiac Dropsy.

R. Sodii bicarb., ʒj.; tinct. digitalis, ʒj.; vini colchici rad., ʒiss.; tinct. gentianæ comp., ʒiij. M. S. Teaspoonful in water after meals.—*Cinn. Med. News.*

Vaginal Injections.

For the treatment of leucorrhœa and foetid vaginal discharges, *La Rev. des Mal. des Femmes* recommends the following: R. potassii chloratis, ʒiij.; tinct. opii, ʒiij.; aq. picis liq., ʒviiij. M. Sig. Two or three teaspoonfuls to a quart of warm water, injected morning and evening. When there is pruritus vulvæ with the leucorrhœa, a solution of equal parts of tincture of iodine and iodide of potassium should be made, and a teaspoonful of this in one or two quarts of hot tar-water injected twice a day.

Iowa Doctors.

At a recent examination an applicant for license before the Iowa State Board of Health, when asked if he had ever attended any case of labor, replied that during the summer he had pitched three loads of hay. Being asked if he knew of any case of obstetrics in his neighborhood during the past fifteen years, after careful thought he answered, no. The only medical journal he took was an almanac. —*Weekly Med. Review.*

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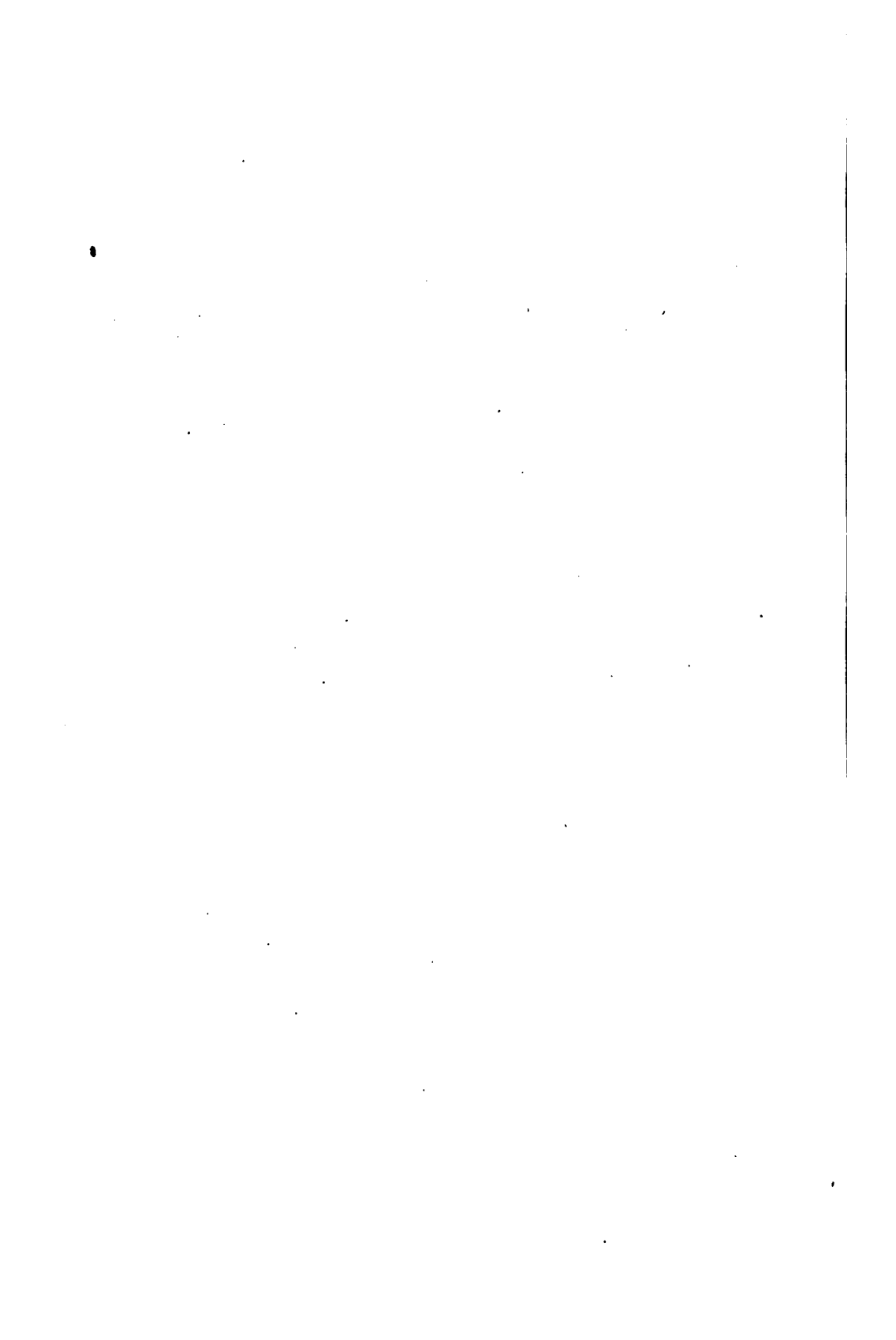
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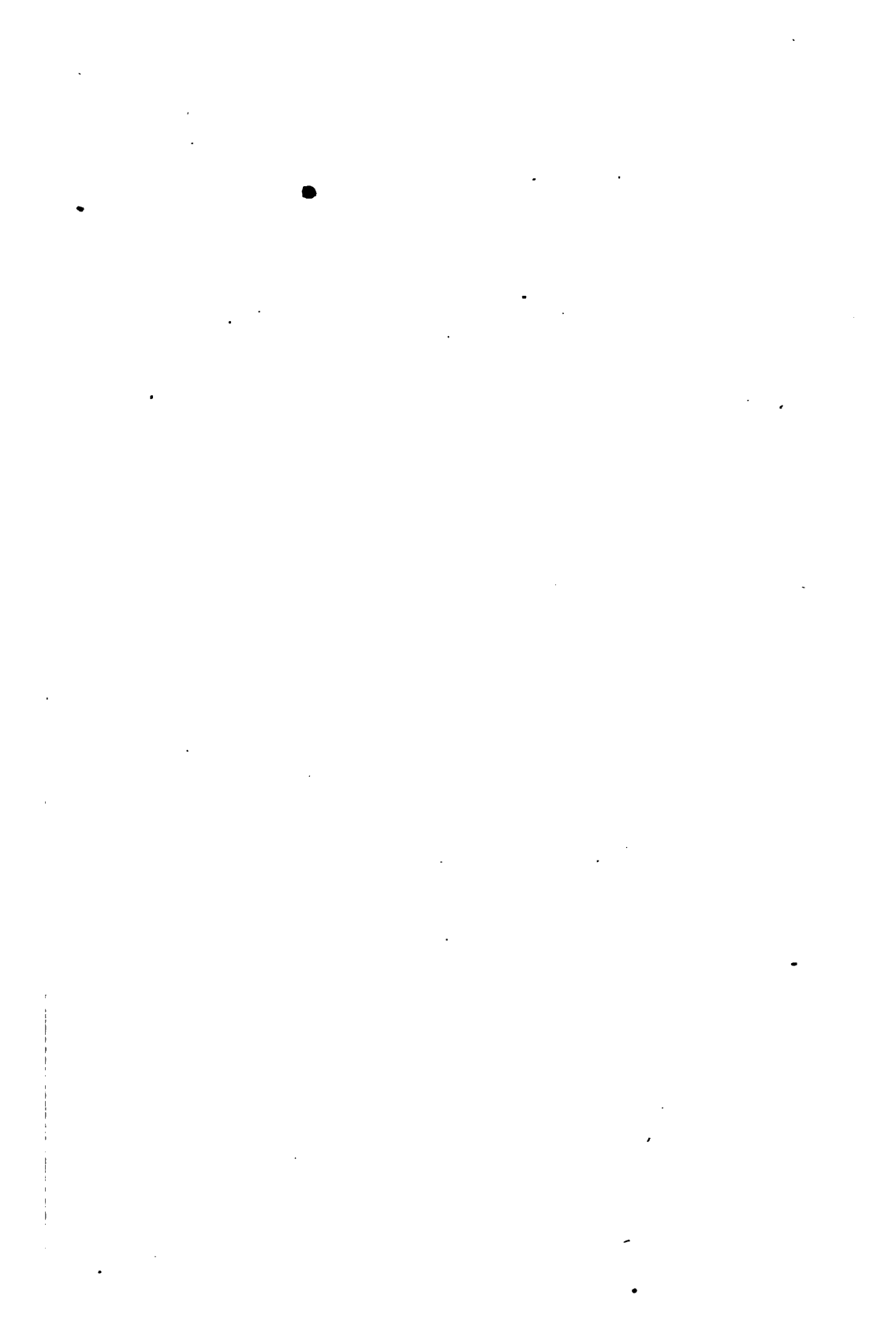
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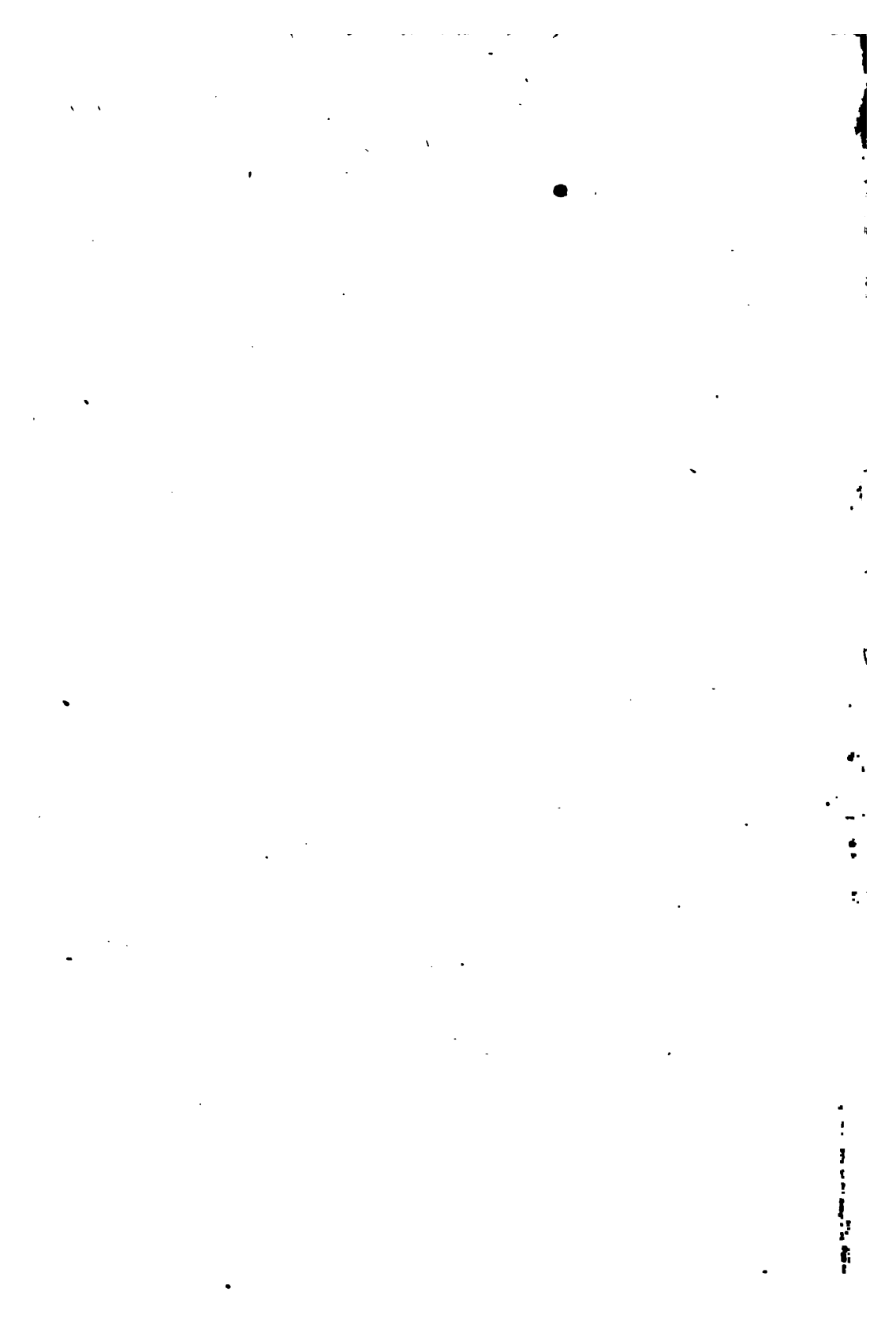
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